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ABSTRACT

From October 1982 through May 1984, the Council for Community Services--a private, not-for-profit community planning council--carried out an Institutional Child Abuse and Neglect Prevention Project, in close cooperation with the state of Rhode Island's Office of the Child Advocate. The project approach relied heavily on monitoring teams of volunteer professionals from the community to review residential facilities for children. Project staff also reviewed foster homes. Both the residential and foster home review components of the project operated under the mandate of the Child Advocate's Office. This manual describes the project and provides guidelines for replicating the project elsewhere. The description includes sections on each stage of project development and descriptions of project outcomes, including some achievements not originally anticipated in the project design. The manual cites evidence of significant project success; namely, the implementation by residential facility directors and by the State Department for Children and Their Families of many of the project's recommendations. Replication guidelines are interwoven with the project description, and sample materials, such as training outlines and interview guides, are included in appendices. The manual emphasizes that the project can be replicated by either a publicly funded component of State or County government or a private not-for-profit agency such as a planning council or volunteer service bureau. (Author/RH)

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OPENING THE DOORS

A Manual for Reviewing Residential Facilities and Foster Care for Children

Council for Community Services, Inc.
229 Waterman Street
Providence, Rhode Island 02906

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OPENING THE DOORS

A Manual for Reviewing Residential
Facilities and Foster care for Children

by Richard Graefe

Council for Community Services
229 Waterman Street
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June, 1984

Abstract

From October, 1982, through May, 1984, the Council for Community Services (CCS), a private not-for-profit community planning council, carried out an Institutional Child Abuse and Neglect Prevention Project under a grant from the federal Department of Health and Human Services. The grant was designed and carried out in close cooperation with the state of Rhode Island's Office of the Child Advocate. The project produced a manual (Opening the Doors, June, 1984), describing the project's approach, which relied heavily on the use of monitoring teams of volunteer professionals from the community to review residential facilities for children. The project also reviewed foster homes, using project staff employed by CCS. Both components of the project operated under the mandate of the Child Advocate's office.

The manual serves two functions. It both describes the Rhode Island project and gives guidelines for replicating the project elsewhere.

The description of the Rhode Island project includes sections on each stage of project development and describes project outcomes, including some achievements not originally anticipated in the project design. The manual cites evidence of significant project success, namely the implementation by residential facility directors and by the State's Department for Children and Their Families of many of the project's recommendations.

Replication guidelines are interwoven with project description, and sample materials are included (training outlines, interview guides, etc.). The manual emphasizes that the project can be replicated by either a publicly funded component of state or county government or a private not-for-profit agency such as a planning council or volunteer service bureau.

Copies of the manual may be secured from either the Council for Community Services, 229 Waterman Street, Providence, Rhode Island, 02906, or the Office of the Child Advocate, Suite 555, 86 Weybosset Street, Providence, Rhode Island, 02903.

Acknowledgements

The time and effort of many people went into making this project a success, and their contributions deserve acknowledgement here.

Competent dedicated staff are a key element of any program. Sharon Hoffman, MSW, was the Program Monitor for the project, organizing and leading monitoring teams, writing the many monitoring reports, and perceptively identifying issues and problems in the children's residential services field. Anna D'Epiro Mason, MSW, the project's Clinical Social Worker, carried out the foster home assessments and used her talents and experience to expand that job position to encompass many additional responsibilities, providing the project with an in-depth understanding of the foster care field. Gloria Searight and Sharon Fusco, secretaries to the project, kept pace with the individual monitoring and assessment reports; and to Gloria Searight goes the credit for the typing and assembling of this manual.

But staff alone did not provide all the professional expertise that made this project a success. Crucial to the facility monitoring function of the project was the participation of over thirty volunteer professionals---nurses, teachers, college and university faculty, court employees, psychologists, a lawyer, and many others with much experience and knowledge in the human services. These volunteers are listed in Appendix B of this manual. It was through their volunteer effort that the monitoring was carried out in the detail that it was, and their varied expertise enabled the monitoring to address so many issues so well.

This project was a program of a private not-for-profit agency, the Council for Community Services (CCS), but the cooperation of state employees in the children's services field was of major assistance and importance to the project. The views expressed in this manual are those of CCS, but the project owes much to the following individuals:

Michael Coleman, the Child Advocate for the state of Rhode Island, provided much useful consultation to the project, served as an integral part of the project team, and provided the mandate under which the project was able to carry out its review of residential facilities and foster homes.

Department for Children and Their Families' administrators and staff conferred with project staff; provided much useful background information; and listened to, read details of, and responded to project findings and recommendations.

Linda D'Amario-Rossi, Director of the Department
Stephan Lieberman, Acting Assistant Director, Division of Community Services
Diane Azarian
Raymond Arsenault
Carol Spizzirri
David Como

The project also owes much to the Massachusetts Office for Children. Their citizen review process for evaluating residential facilities for children, while quite different from the monitoring process of this project, provided many ideas and some of the actual direct questions used in our interview guides. Leonard Thomas and (former OFC staffperson) John Cuneo participated in the training of our volunteers; and Len provided further consultation at other points during the project.

Lastly, there are the many others, too numerous to mention by name whose openness, forthrightness, and perceptivity were invaluable----other Department for Children and Their Families' staff (caseworkers, facility liaisons, etc.), foster parents, direct care workers in the residential facilities, and the facility directors.

To all whose efforts contributed to this project's success, the Council for Community Services extends its appreciation and thanks.

Richard Graefe
Project Manager
CCS Institutional Child Abuse and
Neglect Prevention Project

PREFACE

Child abuse and neglect is a very sensitive issue, but it becomes even more sensitive when it relates to children already in placement with a state or county department charged with the protection and care of children. In the eyes of the general public, these children have already been rescued from their abusive or neglectful home situations and should be safe once they are within the publicly-funded child care system.

The public, therefore, has little tolerance or understanding of breakdowns in that system. Yet such breakdowns do occur.

Allegations of improper care of children in residential facilities sometimes prove to be true. Children on occasion are abused or neglected in foster homes. And children placed with their natural parents or other relatives while under state or county custody sometimes become victims of serious child abuse. When such incidents occur, the news media gives them wide coverage, and the public is eager to fix the blame and not generally receptive to hearing about the problems or difficulties inherent in effectively serving and protecting children.

Those charged with the responsibility of managing the publicly-funded system of residential care services for children are therefore understandably gun-shy of public reaction. Departments for children's services hestitate to open their operations to public view. Confidentiality is often cited as the reason, but the issues actually go deeper.

Departments for children generally want to manage their systems without public interference. When an allegation of abuse or neglect occurs, a department wants to be able to do a thorough internal investigation and resolve the matter without submitting it to public scrutiny. And when an incident unavoidably makes the news, that department wants to be able to be in control of the information flow as fully as possible, for much may be at stake---its credibility, the morale of its employees, its ability to recruit foster parents, and the willingness of private sector agencies to contract with the department to provide child care services.

This manual describes one project's success in breaking through such natural resistance and carrying out an effective monitoring of publicly funded residential services for children. When the grant application was first being submitted to the Department for Health and Human Services in 1982, the Rhode

Island Department for Children and Their Families (DCF) wrote that

> DCF has grave difficulties with this project as submitted.... The assumption that internal review is, per se, biased, is not supported within the document.....It would seem highly duplicative to establish a system...to assume a function legislatively mandated to the Department.

As the project progressed, however, DCF recognized the benefits of the program. By the time the project ended twenty months later, DCF had cooperated with the project on numerous matters and had responded decisively to project findings. It had issued departmental policies in response to some of the project's recommendations on residential care facilities, had referred 25 foster homes to the project for assessment, had invited a project staffperson to assist in the revamping of its foster home licensing and assessment process, had assisted the project in staffing up a foster parents' support and training group and had committed itself to supporting legislation needed to address one of the project's findings on fire safety in residential facilities.

The rationale for such a project is therefore not simply that children's services "should" be subject to public scrutiny in some responsible and structured manner. The justification for such a project is that there are definite and discernable benefits from such review. This manual does more than describe a successful project. It describes a process which is adaptable to a variety of settings and which has the potential for yielding equally valuable outcomes when replicated in other locations.

What are the benefits? The state or county department for children's services clearly benefits, as volunteer professionals from the community bring a wealth of expertise and knowledge to bear upon the services it oversees. Needs and problems common to many of the residential care facilities are identified, solutions are proposed and implemented, and the residential care system is improved. In addition, the foster care system benefits. Although volunteer teams are not used in the foster care assessment component of the project, the results are somewhat similar, with common problems and needs of the system identified and addressed through a structured "outside" assessment process.

Equally important are the benefits to the direct caregivers---the vendor agencies that contract with the department to provide residential care services and the foster parents who provide alternative care to children. The process not only identifies shortcomings in the system, it identifies and validates strengths and assures that those strengths are shared among caregivers. One facility may have developed a technique or program component that could be a

useful model for other facilities. One foster family may have faced and resolved an issue that another family is still grappling with unsuccessfully. An outside review process that emphasizes the provision of assistance and the sharing of expertise rather than simply the investigation of problems is preventive in the best sense of the word, and the benefits are many.

The process described in this manual can be implemented in one of several ways in another location. A community agency or organization can link up with a public sector child advocate, ombudsman, or state or county watchdog agency in the children's services field. Or the agency or department of state or local government directly responsible for the provision of children's services can implement the process itself, in cooperation with the community.

In whatever way the process is implemented, however, there are two key elements necessary for its success. The first of these is the <u>authority</u> to carry out such review, which must come from some component of state or local government; and the second is the independent outside perspective, that can only come from a genuine opening of the system to community review. This manual provides a blueprint for establishing that kind of partnership.

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I. INTRODUCTION: AN OVERVIEW OF THE PROJECT

This project was jointly conceived by the Council for Community Services, Inc., (CCS) and Rhode Island's Office of the Child Advocate. The partnership was ideal. CCS, in its 60 year history as a private, non-profit, human service planning agency, had done numerous studies and evaluations of children's services and had a solid record of mobilizing volunteers. The Office of the Child Advocate, a state watchdog agency established in 1980, was already active in investigating alleged incidents of child abuse and neglect and in taking a strong advocacy role in system-wide issues in the child care field. But it lacked the manpower to routinely review the various facilities and residences that comprised the residential child care system in the state. Yet the legislative mandate establishing that office clearly defined one of the Advocate's roles as being "to periodically review the facilities and procedures of any and all institutions and/or residences, public and private, where a juvenile has been placed by the Family Court or the Department for Children and Their Families."

The project was designed to fulfill that mandate by monitoring residential facilities for children and assessing foster homes particularly at risk for child abuse and neglect. Both project components---the facilities monitoring and the foster care assessments---were able not only to review individual child care settings but also to accomplish specific and positive changes within the child care system.

The facility monitoring was designed to review facilities being used by the Rhode Island Department for Children and Their Families for the short- or long-term placement of children---emergency shelters, group homes, child care institutions, a wilderness camp, etc.---excluding only those facilities too complex for a one day monitoring visit or already accredited under the JCAH process (Joint Commission for the Accreditation of Hospitals). Several private sector treatment facilities and the Department's own training school for youth were excluded on the basis of these criteria.

The foster home assessment process was designed to examine "troublesome" foster homes. This definition did not focus on homes in which actual abuse or neglect had been alleged or documented but aimed instead at intervening before problems reached that proportion. Homes were referred for assessment, for example, for a variety of reasons---failure of the foster child to thrive, conflict between the foster parent(s) and the Department, difficulty on the part of

the foster parent(s) in dealing with termination and with the reunification of the child with the natural family, and requests by foster parents to have specific foster children removed.

The provision of technical assistance was part of the original project design, but it was in this area that the project probably varied most from its original conceptualization. While the project's original intent was to provide assistance to individual facilities and foster homes, it actually ended up going far beyond that function. Providing consultation and making recommendations to the Department for Children and Their Families on systems-wide issues and on departmental policy and procedures became a major project activity. And opportunities to develop (and in some cases test out) models for better equipping foster families to carry out their responsibilities more effectively enabled the foster care clinical social worker to build upon collective findings of the foster home assessments.

The project staffing pattern brought together both paid staff and volunteers. The project was staffed by a Project Manager (assigned part-time to the project), a full-time Program Monitor, a full-time Clinical Social Worker (for the foster care assessment component), and secretaries (assigned part-time to the project). Additional supervision and project management was provided by the Rhode Island Child Advocate, who was an integral part of the project team. And, especially crucial to the project's success, a Task Force of over thirty volunteer professionals from a variety of human service backgrounds provided additional expertise and manpower for the facilities monitoring visits. This Task Force was deployed in two or three person monitoring teams to work with the program monitor in visiting each facility for an initial day-long visit. In the closing months of the project, the monitor re-visited each facility along with at least one member of the original monitoring team for that facility.

The following step-by-step description of the project's development and implementation points out that the project did not fully follow its original design. Undoubtedly this would also be the case in any attempt to replicate the project elsewhere. The project retained the flexibility to alter its course in several significant ways in response to the needs of the programs being monitored, the needs of the foster parents in the homes being assessed, and the changing circumstances within the child care system that came about during the course of the project.

II. LAYING THE FOUNDATION

A. Establishing the Linkages

Regardless of the auspices under which the project is run, securing the mandate to carry out such review of the child care system is the crucial first step in project development. Securing and interpreting that mandate very early in the project design stage is essential to project success.

A written mandate---such as, in the Rhode Island project, the legislatively defined duties of the Office of Child Advocate---will enable you to get your foot in the door, but it will not ensure cooperation, without which the project is doomed to become another component of an investigatory process, to be carried out in an adversarial relationship with both those who manage the child care system and those who provide the direct care within the system. Suspicion, non-cooperation, and passive resistance to the process will prevail unless the necessary linkages are established from the start.

With whom must the linkages be established and for what purposes? The actors will certainly vary according to the setting and the auspices of the project, but the purposes are consistent regardless of these variables. Those purposes are:

(1) To identify and build on what is already happening in terms of monitoring and assessment of the system.

(2) To allay fears and answer questions about the monitoring and assessment process, clearly establishing its intent as a problem-solving, assistance-oriented process rather than an investigatory and accusatory one.

(3) To establish ahead of time the relationships and contacts that will be necessary to ensure that project findings are heeded and project recommendations are viewed as credible.

For the Rhode Island project described in this manual, there were three key groups with which the project needed to establish linkages from the outset. These were the Department for Children and Their Families' top administrative staff; the middle-level administrative and supervisory staff of the Department who were the overseers of its existing program monitoring, facility liaison and foster care functions; and the organization of residential care providers, i.e. the Rhode Island Council on Residential Programs.

A delicate balance had to be struck between an adherence to the integrity and independence or an outside monitoring process and the willingness to negotiate

how the project could be useful to the Department and the provider agencies. Yes, the project wanted to look at how the Department presently monitored and evaluated the programs it funded so that the project could focus its own efforts in areas where existing efforts were the least intensive. No, the project was not willing to totally accept the Department's own agenda of how the project should function, e.g. what facilities it would review, what areas of inquiry it would focus on, what type of foster homes it would assess. Yes, the project would try to be as non-intrusive as possible to the smooth functioning of each facility to be monitored, working around the facilities schedule of events and the availability of staff and residents for interviews. No, the project would not accept certain areas as being immune to review because of confidentiality concerns. Yes, the facility director would be able to review a draft report of the monitoring visit before that report was submitted to the Child Advocate and the Department for Children and Their Families. No, the facility director could not insist that parts of the report be changed unless there were factual inaccuracies in the material being presented.

How would this process be different if the project were run by the department directly responsible for providing and overseeing the care of children, rather than by a private non-profit agency in cooperation with an ombudsman/advocate? The issues in establishing linkages would be essentially the same but probably more intense and more difficult to resolve. There would still be the need to interpret the project to the providers and negotiate with them. There would still be the issue of confidentiality, and it would probably be more difficult to convince provider agencies that one component of the Department would actually keep information confidential from another component, e.g. that top administrators would not see copies of the draft report on a facility before the facility director had an opportunity to respond. And there would be the need to create the linkages with the department's own mid-level staff, not only to assure their cooperation and understanding but also to allay any fears that it was their own staff performance that was being monitored and not the funded facilities.

If a state or county department for children is the sponsor, it would be well advised to consider linking up with a private sector agency in the community to provide the independent, outside perspective. Contracting out the project to a human service planning agency or a volunteer bureau in the community would be ideal. The more fully the project can be identified with an independent, neutral

auspice, the easier it will be to gain acceptance of the project among state department staff, private sector child care facilities, and foster parents. The benefits of a community-based auspice will be more fully explored in other sections of this report, as the various phases of project implementation and operation are explained.

B. Staff Needs and Staff Recruitment

1. Skills and Experience Needed

The exact nature of the staff recruitment process of course will depend on the auspices under which the project is to be carried out, but the skills that will be needed by the full-time staff of the project, however, will be fairly consistent regardless of the setting of the project. Experienced staff with a strong knowledge of the field, a good understanding of supervision and administration, solid writing skills, and excellent interpersonal skills are essential to the success of the project.

Staff should also have a broad enough range of skills to be able to respond to new demands that may develop as the project progresses. Not every staff role developed as anticipated in the Rhode Island project. For example, it was anticipated that the foster care clinical social worker would have a much more fully developed consultation relationship to the facilities monitoring teams than actually turned out to be the case. But another unanticipated turn of events enabled that worker to move much beyond the original somewhat narrowly defined role of doing foster care assessments to a much broader role of working with the Department on policy and procedure review and on organizing and carrying out a foster parent support and training group.

Job descriptions for the two full-time staff of the Rhode Island project are attached as Appendix A, emphasizing the broad range of skills needed for the project. These job descriptions are direct excerpts from the grant and provided the basis for the actual staff recruitment effort.

2. Hiring Flexibility

The need for hiring flexibility argues strongly for a private auspice for the project or at least a contracting out of the staff functions (even if ultimate project management is retained by the state or county department).

Since the Rhode Island project was carried out in direct cooperation with the state's Office of the Child Advocate, one of the state employees' unions initially claimed that at least one of the positions, the foster care clinical social worker, should be a state position filled through the state's hiring procedure, with its civil service test process and its internal "bidding" procedure on available positions according to seniority. Because the foster care worker was to be out-stationed at the Child Advocate's Office and would not generally work from the Council for Community Services' office as a base of operation, the union focused its question on that particular position. Only the fact that the Council for Community Services (the private non-profit agency) was the sole recipient of the grant enabled the project to retain its prerogative to hire outside of the state system.

The person ultimately recruited for the position had a fresh perspective on the child care system and considerable experience as an employee within the private non-profit sector. A long-term state employee without past social work experience necessarily related to the children's services field (as might have been the case had the position been filled through the state hiring procedure) would have been far less effective in the job.

3. Essential Staff Roles

Could the project function with fewer staff resources and with more emphasis on the use of the volunteer teams? This has been tried successfully elsewhere, particularly by the Massachusetts Office for Children (HHS/NCCAN Grant #90-C1695), which dispatched volunteer evaluation teams to residential facilities with professional staff back-up and clerical staff support, but without on-site staff participation in the facility visits. The experience of the Rhode Island project, however, is that staff participation is crucial for several project functions.

Volunteer teams can effectively assess the needs and problems of individual facilities and make appropriate and useful recommendations to each facility, but they are less effective at identifying and addressing problems and issues common to many facilities. One of the important functions of the program monitor, as the one person who was a member of every monitoring team, was to identify systemic themes, share them with

the various monitoring teams at monthly meetings of the entire volunteer task force, and develop them into recommendations for system-wide change to which the Rhode Island Department for Children and Their Families then responded.

If volunteer professionals are to comprise the monitoring teams, the time limitations and other professional commitments of these individuals must be taken into account. The bulk of the project's report writing, therefore, has to be carried out by staff.

Recognizing that many of the systems-wide issues in children's services cut across any arbitrary divisions between foster and residential facility placement, the Rhode Island project included a foster care assessment component as an integral part of its design and as totally a staff function. Some of the facilities' directors advocated that the volunteer monitoring teams be used in this foster home assessment process as well as for facilities monitoring, but the project viewed the foster home assessments as not a suitable volunteer function. The use of volunteer teams to go into the private homes of foster families, even if restricted to those homes having large numbers of foster children, would have been intrusive and intimidating to the families.

For project replication by a state department, the project would best be carried out and staffed on a regional basis within the state. This would include a local task force of volunteer professionals for each region. Certainly there would need to be a coordinating mechanism across regions to promote the sharing of information, to develop recommendations on statewide issues, and to provide for the trading of monitoring assignments, e.g. when large numbers of children from one region were placed in a facility in another region. In Rhode Island, the project was carried out statewide by one staff team and one volunteer task force but only because of the small size of the state. The model proposed in this manual, therefore is essentially a regional or county model, with intensive staff involvement on that local level. Such concentrated staff effort in a limited geographic area is necessary to develop credibility and acceptance among the key actors in the child care system, to identify and assess the systems-wide problems in a given area (which may be different in different regions) and to draw together in clear and relevant recommendations the findings of the facilities monitoring teams and of the foster care assessment component.

C. Recruitment and Screening of Volunteers

1. Identifying Needed Areas of Expertise

The starting point for recruitment is the identification of the areas of knowledge and expertise you are interested in having represented on your monitoring teams. Making that determination entails not only looking at the general needs of childrens' residential services but also the particular known strengths and weaknesses of the present system of facilities your project will be monitoring.

For the Rhode Island project the following skill and knowledge areas were selected, and recruitment was targeted at but not restricted to people with those specific qualifications.

Program management/administration
Health care
Educational programming for children
Counseling
Residential programming
Court/legal experience
Evaluation/survey work/interviewing skills

2. Volunteer Recruitment: Sources and Methods

Recruitment of professional volunteers for the project was not difficult, for there was much interest and enthusiasm for the project among human service professionals from the community.

(a) General Publicity at the Start of the Project. Do not underestimate the importance of simply getting the word out in the news media, in the newsletters of professional organizations, and through presentations before professional groups and advocacy organizations. A number of volunteers came to the Rhode Island project as a result of such efforts.

(b) Voluntary Action Centers (VACs) and Other Volunteer Bureaus. Many metropolitan areas and some small towns and rural areas have "voluntary action centers," which can be an excellent means of volunteer recruitment. The term "voluntary action center" is the generic name for the over 300 volunteer recruitment, screening, and placement organizations throughout the country affiliated with VOLUNTEER, the

National Center for Citizen Involvement. These organizations exist under various titles and auspices. In Rhode Island the voluntary action center is an independent, private non-profit agency by the name of Volunteers in Action. In other locations VACs can be found as independent agencies, components of community planning councils, or divisions of local United Ways. In addition there are a host of other volunteer bureaus, which are not affiliated with the national association but which nevertheless can be useful recruitment vehicles.

If the VAC or other volunteer bureau you choose to work with has a "skillsbank" (a special component targeted specifically at recruiting volunteer professionals), it will be even better equipped to help you. This was the case with the Rhode Island project. But even without a "skillsbank," any volunteer bureau should still be an excellent source of assistance, not only in recruiting the volunteers, but in providing guidance to your project on other potential sources of volunteers, techniques of recruitment and training, and the development of the "contract" or agreement you will want to make with each volunteer.

Could a VAC or comparable volunteer bureau actually be the sponsor for a project such as this one? Yes, according to the Skillsbank director of the Volunteers in Action in Rhode Island. Such an organization would be an ideal partner with a state or county department for children or an advocate/ombudsman's office, and the initial approach could be made in either direction---i.e. from the volunteer bureau to the state office or department or from the potential state auspice to the volunteer bureau.

(c) The Academic Community. College and university faculties are also a major source of volunteers. For the Rhode Island project, volunteers were recruited from the faculties of the Rhode Island College (RIC) School of Social Work, the RIC School of Education and Human Development, and the University of Rhode Island's School of Nursing.

(d) Residential Care Professionals. Professionals with experience in residential care services were among the most difficult groups to recruit because so many of these professionals were presently involved

in providing the services that would be monitored. To avoid this potential conflict of interest, the project recruited people from other residential care fields, predominantly by means of direct approach by project staff or by Volunteers in Action. This resulted in the successful enlistment of people presently working in a private non-profit agency operating a network of half-way houses for mental patients discharged from the state hospital and employees of a residential program for the retarded. In addition, several professionals formerly employed in children's residential services but who currently had no direct involvement in the field were recruited.

(e) Other Considerations in Recruitment. In recruiting volunteers for this kind of project, do not just look at the present position each person holds. Many of the volunteers had talents and experiences from past jobs, and some even had credentials in fields in which they were no longer active. These talents and experiences will not necessarily be mentioned by the potential volunteer unless the project is very clear in stating the talents it is seeking and is aggressive in its interviewing of the potential volunteers. Retired professionals constitute another potential pool of volunteers, although it is a group that the Rhode Island project did not draw heavily upon.

A full list of volunteers and their qualifications for the Rhode Island Project is included as Appendix B and illustrates the broad range of talents and experience that volunteers can bring to such a project.

3. Screening of Potential Volunteers

The term "screening" may be a misnomer as it is applied to this project, for, in fact, the process of volunteer recruitment did not seek to screen out or exclude any potential volunteer professionals, other than those who would have had obvious conflicts of interest (such as those who were employed by a facility to be monitored or the Department for Children and Their Families). This is not to say, however, that the "screening" process by which volunteers were selected was not intensive. It was very intensive but was designed to encourage those who could not make the necessary time commitment or who were otherwise unsuitable for such monitoring assignments to exclude themselves from consideration.

(a) Provision of Background Information. The keys to such a selection process are thorough information and extensive discussion. Those who expressed preliminary interest in volunteering were provided with a brief written description of the project and the role of volunteers in it, with the required time commitments clearly spelled out (Appendix C). If, after reviewing that information, a potential volunteer was still interested, he or she was provided with more detailed information about the project, including excerpts from the grant application, and was scheduled for a personal interview with the project manager and the program monitor.

(b) The Interview. The personal interview enabled the project staff to question the potential volunteer and for that person to question staff about the project. Five key areas of concern were covered.

The applicant's motivation for volunteering was explored. Why was this particular volunteer opportunity attractive to him or her? What satisfactions did he or she feel the project would provide?

The accuracy of the applicant's perceptions about the project and its use of volunteers were explored. Did the applicant have a good idea of what he/she was getting into?

The time commitments that would be required of volunteers were reemphasized. Could the volunteer commit that much time, if not year round at least at specific times of the year? For example, some volunteers were only available for monitoring visits during the summer or during school vacations, and this was accepted.

The applicant's comfort with regard to his or her potential role with the project was discussed. The applicant was assured that specific knowledge and experience in children's residential services, while useful, were not prerequisites for volunteering; training and orientation could compensate for any lack in that area. But staff was cautious not to over-sell the volunteer opportunity to a hesitant or reluctant applicant. Several applicants that project staff felt would have otherwise been good volunteers simply did not feel they could provide what the project needed or could comfortably function in the designated role. Accepting those feelings and allowing the candidate to remove him/herself from consideration as a volunteer helped hold down attrition of volunteers later in the report.

A skills inventory (Appendix D) was given to the applicant, and his or her skills and experience relevant to the project were discussed in the interview. This enabled staff to determine what areas should be the focus of additional recruitment efforts, and it provided a base of information for later selection of actual site visit teams.

Potential conflict of interest was explored on a case by case basis. Specific information concerning possible conflict of interest was asked for on a form the potential volunteer was required to fill out (Appendix E), and this information was then discussed with him or her. The project staff had few hard and fast criteria under which an applicant was excluded from condiseration. In one case, for example, a volunteer worked in the day care center of an agency that also operated an emergency shelter for children, and she had on occasion served as a relief staff person at that shelter facility. In that case, project staff decided after discussion that while she would certainly not be an appropriate volunteer to monitor that particular facility, her degree of association with the residential child care provider system was not involved enough to warrant excluding her as a project volunteer.

Is there a point at which the project itself decides to exclude a potential volunteer for other reasons than those already mentioned? That situation may arise in a replication of the project, but it did not in this pilot venture. The functioning of the monitoring team helps counteract weaknesses an individual volunteer might have in particular areas and can help the volunteer improve his or her skills in that area. If on the basis of the screening interview, however, project staff have serious questions and concerns about the potential volunteer's ability to function effectively as a team member, they should refuse that volunteer's offer of services. One benefit of working with a Voluntary Action Center on volunteer recruitment is that you can direct such a volunteer back to that Center for other possible volunteer assignments in less demanding and less sensitive placements.

D. Training of Volunteers

1. Basic Issues in Format, Content, and Scheduling

Developing a training program for a group of volunteer professionals is especially difficult. Many are employed full-time and have limited time available to attend training. Some have much experience and knowledge in children's residential services, while others have little or none. Some have direct experience in interviewing and feel very comfortable with it, while others feel the need for some skill-building in this area.

Because of the time-limited nature of its grant, the Rhode Island project had a rather stringent timetable for project start-up, making it impossible to poll the volunteers beforehand as to their training needs. In any project replication, in which volunteer recruitment can be completed before the training package is developed, a brief training needs assessment would be very useful.

Some of the issues, however, were clear from the start and will exist for any similar project. The experience of the Rhode Island project in dealing with these issues is presented below.

(a) Scheduling and Length of Training. In offering training for volunteer professionals, alternative training times are essential. After polling the volunteers as to their time availability, the Rhode Island project required the volunteers to attend two three-hour sessions, each offered twice to accommodate the individual work schedules and professional commitments of the trainees. Day and evening sessions were scheduled in such a way that any volunteer could attend the full training program either during the day or in the evening. This was accomplished in the following manner.

	Week 1	Week 2
Session A	day session	evening session
Session B	evening session	day session

Was the training too long, too short, or suitable in length? In the training evaluation questionnaire, the majority of trainees stated that they found the length to be appropriate. Even some of those who felt more training would have been useful commented that finding time to attend more sessions would have been difficult.

(b) The Balance Between Informational and Skill-building Training. The Rhode Island project intentionally took the approach of providing factual,

informational training rather than including role-playing, exercises on sharpening observational skills, values clarification exercises, and other experiential training. Time limitations were the major factor in this decision.

Reaction to this decision was mixed. In the training evaluation questionnaire, the trainees were about evenly divided in their opinion on this issue. Those who favored some skill-building, experiential elements to the training suggested such things as role-playing of interviews, simulations of a site visit, and actual informal visits to facilities. On the basis of this response, the Rhode Island project would recommend some experiential training experiences, perhaps on a supplementary and optional basis, for those expressing that need.

(c) Tape Recording the Training for Those Who Cannot Attend. One must accept the fact that, despite a high level of commitment, there will be some volunteers who will have to miss some or all of the training because of other professional commitments. Audio-taping the sessions enable the Rhode Island project to orient those individuals and several new volunteers who came to the project after the training had already taken place. Taping is admittedly a poor substitute for direct participation in the actual sessions, with the opportunity to ask questions and dialogue informally with the trainers and other volunteers. Yet the project found that, if tapes had not been available as a trainin option, several potential volunteers would have been lost to the project. Anyone who used the tapes rather than participating directly in the training was encouraged to discuss with project staff any questions he or she had after hearing the tapes. For the first monitoring visit, such a volunteer was generally placed on a monitoring team comprised of people who had directly participated in the training sessions.

2. Carrying Out the Training

(a) Content of the Sessions. Appendix F describes the content of the volunteer training sessions. That description shows the basic topics the Rhode Island project felt it was essential to address and gives a brief description of the points covered under each of those topics. This manual intentionally does not include a fully developed curriculum for the training sessions because project staff firmly believe that any such curriculum must be developed on a local level, tailored to the needs of the child care system

and the volunteers recruited in the location in which the program is to be carried out.

(b) Selection of Trainers. Once the topic areas for training are decided upon, identifying appropriate trainers should not be difficult. For the Rhode Island project the trainers were members of the project team (including the Rhode Island Child Advocate), a Department for Children and Their Families staffperson, representatives of the provider organization, a program evaluator from the Council for Community Services, four of the volunteer professionals themselves, and two staff of the Massachusetts Office for Children.

Selection of trainers has a twofold purpose. Obviously, you will want to select trainers who are best able to impart accurate and useful information, but there is another purpose as well. The training sessions are a time to begin to break down mistrust, dispel misconceptions, and eliminate stereotypes about the nature of the child care system and the nature of the monitoring venture. The Department for Children and Their Families staffperson, for example, not only "instructed" the volunteers about the Department's residential services, but also imparted a sense of genuine concern for children, gave a realistic appraisal of the limitations of the system, and responded to questions openly and forthrightly. That session introduced the volunteers to the Department and the Department to the volunteers, doing much to pave the way for a cooperative relationship. Similarly, the presentation by the representatives of the organization of provider agencies (the Rhode Island Council on Residential Programs) provided the opportunity for the volunteers to interact with staff of a facility, which served to reduce misconceptions and distrust on both sides.

The training is also an opportunity to tap the expertise of your volunteers. By focusing on volunteer professionals, you will have already recruited people with a wealth of talent and knowledge, and some of them can be your best trainers. The Rhode Island project used its own volunteer professionals to address a number of topics---the court process, staffing issues in residential facilities, and interviewing skills.

It is probably best to use only local trainers. The only out of state participants in the Rhode Island Project's training, i.e. two staffpersons from the Massachusetts Office for Children, received strong favorable reaction

concerning their discussion of attitudinal issues and values clafification; but their description of the process of setting up and carrying out their citizen-based evaluation of residential facilities was viewed by many of the trainees as too dissimilar from the Rhode Island project to be useful to them. The Office for Children was very helpful to consult with on a staff to staff basis concerning the design of monitoring questionnaires, and the manual they produced provided much useful information for the Rhode Island project to draw upon, reprocess, and subsequently adapt to its own purposes. Trying to bridge the gap between their project design and the Rhode Island project's design in the relatively brief training session itself, however, did not prove to be effective. It is hoped that the manual for the Rhode Island project will be used in similar fashion by other projects---as a guide for developing their own local versions of the program, not as a means to reproduce identical projects in other locations. The training is not the time to invite in "outside experts" but rather to do the local team-building; provide essential information to trainees; develop trainees' skills; and begin to break down communication barriers.

(c) The Informational Packet for Trainees. An informational packet of materials should be developed to augment the training sessions themselves. Some trainees, in their evaluation of the training program, suggested that even more of the training content be reduced to written form rather than be covered in detail in the actual presentations and discussion. Project staff, however, urges caution in this regard. Do not overload your packet, remembering that you are dealing with busy volunteer professionals.

Consider also the expertise of the volunteer professionals who are the trainees and the fact that such expertise will not be shared on a particular topic if that training material is merely included in the packet rather than presented and discussed. Even though some of the orally presented material will not be new material for some of the volunteers, they will consider the sessions valuable if they are made to feel that their perceptions and comments in the discussion are being accepted and viewed as helpful to other volunteers less knowledgeable in those particular areas. This is essential for effective team-building.

The trainees' packet used in the Rhode Island project contained the following items designed to supplement or provide background material or the topics presented.

Relevant legislation and statutes on children's rights, on the function of the Child Advocate's office, and on confidentiality.

Available current standards for residential care facilities, as published by the Department for Children and Their Families.

Sample record keeping forms used in facilities.

A glossary of terms and acronyms the volunteer is likely to encounter in discussions of the child care field and the programs of individual facilities.

Sample job specifications/descriptions for various positions within residential facilities.

"Guidelines for Interviewing," a brief paper prepared by the trainer who dealt with the topic of effective interviewing.

An outline and summary description of the training sessions.

Some sample questions from the interviewing guide to be used in the actual monitoring visits.

3. Ongoing Training During the Project

The Rhode Island project retained the option of providing more training as further needs developed during the course of the project. The vehicle preferred for carrying out such training, according to the training evaluation questionnaire filled out by trainees, was the monthly meeting of the volunteer task force.

Surprisingly few additional training needs developed. Once the monitoring began, volunteers' initial hesitancy and expressed needs for more training in matters such as interviewing seemed to disappear. The sharing of experiences, techniques and findings among the volunteers at the monthly meetings seemed to fulfill any additional "training" needs of the volunteers.

One later optional activity, participated in by some of the volunteers, was a court observation experience. Those who participated were predominantly those least familiar with the child care system, and they expressed afterwards that they found the experience very useful in understanding the overall children's services system and what children experience in going through it.

To those engaged in replicating this project, the Rhode Island project staff would recommend that more such optional experiences be offered to the volunteers. A selection of such optional "live" experiences with the children's services system can be very effective in augmenting the time-limited initial training, and can take into account the different training needs and interests of various volunteers.

III. THE MONITORING VISITS

A. Preparation

1. Gathering Background Information Concerning the Facility

If one is to make the best use of the time-limited monitoring visit, detailed preparations must be made. The program monitor, the team of volunteers, and the facility director and his or her staff must all be oriented to the schedule for the day, the issues to be explored, and the format to be followed. The Rhode Island project decided from the outset to limit the monitoring visit to a single day, and this self-imposed time limitation made it even more essential that all time at the facility be put to the best possible use.

Staff should begin by identifying and meeting with the best sources of current information about the facility to be monitored. In Rhode Island, these were the Department for Children and Their Families' Facility Liaisons (and in some cases mid-level superivsory staff within the Department) and the Child Advocate. The Facility Liaison for a particular facility oriented the Program Monitor to the nature of the population the facility served, the written materials already provided to the Department by the facility, and any specific programmatic concerns the Department had about the facility. The Child Advocate alerted the Monitor about any past issues or problems brought to his attention concerning the facility and any particular areas of emphasis he wanted to be included in the interviewing during the visit.

2. Orienting the Facility to be Visited

An initial letter was sent to all facilities to be monitored, explaining the project and indicating that they would be one of the facilities to be monitored. This gave facilities basic information about the project before they were actually scheduled for visits.

Several weeks before a monitoring visit, a second leter was sent out, re-emphasizing the mandate under which the project was being performed, explaining in more detail what was to be required of the facility on the monitoring visit day, and setting the date of the monitoring visit (Appendix G). There was also phone contact between the Monitor and the facility as the day of the site visit approached to discuss the plan for the day to assure that necessary interviews had been set up.

3. Orienting the Volunteer Site Visit Team

Using the background information she had already gathered, the Program Monitor prepared a "Program Summary" of the facility's program to provide basis information to the site visit team. The one or two page summary described the current status of the program: number and age of clients, type of clients, admission criteria, program strengths, concerns about the program (e.g. staff turnover, inaccessibility to community resources, past disciplinary problems), etc. This document, the interview guides to be used and, in some cases, additional brief descriptive documents provided by the facility were sent to the monitoring team well before the site visit day. On the actual day of the monitoring visit, the team met immediately prior to the site visit for about a half hour to assign responsibilities for the day (interviewing, records review, etc.) and to review the plan for the visit.

One decision you will have to make in replicating the project is how much information concerning alleged program weaknesses and problems your staff should share with the site visit team beforehand. How does one strike the right balance between providing useful background information and maintaining an unbiased perspective on their part? Because the Rhode Island Project decided on one day site visits as its monitoring approach, staff decided that in most cases such information would be shared ahead of the site visit.

4. The Interview Guides

In preparing interview guides, the Rhode Island project drew heavily from an existing manual published by the Massachusetts Office for Children. That book, Hello Walls: A Handbook for Citizen Review of Children's Residential Facilities (1980), includes extensive sample questionnaires, which provided not only ideas but also some of the actual questions used by the Rhode Island project for its own interview guides. But the Rhode Island project was faced with a very different experience from the Massachusetts one, and a quite different approach to the interviewing was therefore needed.

Time was limited. Because the Rhode Island project limited itself to one-day monitoring visits rather than conducting full-scale multi-visit program evaluations, the project had to focus its interview guides on major areas of concern and could not go into the very detailed questioning that the Massachusetts project engaged in.

Because the Rhode Island project relied on volunteer professionals, each with his or her own particular area of expertise, it therefore did not want to confine the interviewers rigidly to a lengthy, detailed, very structured questionnaire. Providing an interview guide instead gave some consistency across projects, while still enabling the volunteers to bring to bear their own knowledge and experience in the interview process.

The diversity of facilities to be monitored also made it impossible to develop one standard questionnaire. The age of the children in placement ranged from infancy to adolescence, depending on the facility being monitored. Some facilities were short-term emergency shelters, others housed youth over a longer period in a group home setting, and still others were private sector children's homes, some with on-grounds educational programming in their own schools. And there were some highly specialized facilities---a program for autistic children and a wilderness camp for adolescents.

Attached are three sample interview guides (Appendix H), which provided the basis for individualized interview guides prepared for each facility visit. In some facilities the interview guides were used as presented here; for others they were revised considerably. Such changes were made on the basis of (1) known problems a facility was having (e.g. community resistance, staff turnover, runaways, or discipline) or (2) special program components, specialized target populations, or unique circumstances of the program.

The interviewing included two basic kinds of questions---those seeking factual information and those seeking opinions and impressions about the facility and its atmosphere. Both are essential for obtaining a comprehensive view of the facility and its situation.

The questions of a factual nature uncover strengths and deficits in policy, operating procedure, staff training, staff deployment, and other program elements. Examples of such questions are: "If I were a new kid in this program, what would happen on my first day here?" and "What regular in-service training is available?"

The more open-ended questions address issues that could be problematic even in a facility where the on-paper policies, procedures, and operational guidelines are exemplary. Such questions included: "What's it like (for a youth) to be here?" and "What are the most stressful things about the job for you personally?"

In addition to interview guides, some guidelines for observation were also provided to the monitoring team. These were adapted from the Massachusetts project and focused primarily on the degree to which the facility maintained a home-like atmosphere and allowed for the individual expression of residents (e.g. in room decor, etc.).

B. Carrying Out the Visits

There was also no standard format for the monitoring visits themselves. A standard format was impossible because of the diversity of the facilities, the small number of staff and residents in some of them, and the desire by the monitoring teams to avoid being intrusive or disruptive to the regular routine of the programs. Availability of staff and residents for interviewing, more than any other factor, determined the schedule for the day.

Some elements were common to all the facility visits, however. These included some activities that the site visit team carried out as a group and others that they conducted individually.

There was generally a group orientation to the facility by its administrator, a tour of the premises, and a sharing and explaining of basic program documents (policy and procedure statements, etc.). This orientation provided a baseline understanding of the facility, which was then augmented by individual information-gathering activities of the team members.

Much of the monitoring visit was spent in individual activities by the monitoring team members. These included interviews with staff (both supervisory and direct care staff), interviews with residents, and review of record-keeping systems. A team generally consisted of the Program Monitor and three volunteers to provide sufficient manpower for these activities.

Deploying the site visit team in this manner had several important benefits. It made the most efficient use of the team members; the amount of information-gathering could never have been carried out in a single day if the predominant approach had been to have interviewers work in groups. But, more important, it encouraged open and forthright dialogue between team members and the interviewees,

Not only are one-to-one interviews less intimidating to staff and residents, but the opportunity for private and confidential dialogue is crucial. If there is one cardinal rule to follow in the conducting of the site visits, it is to ensure that every interview is conducted in a private setting, out of earshot of other staff or residents and free of interruptions. In a small facility, this may be difficult to arrange, but project staff and monitoring team members quickly learned to be very assertive in their insistence on this point. Group interviews with more than one staffperson of the facility should be strongly discouraged, other than for an initial orientation to the program.

At the close of the visit, the team members again gathered as a group to share impressions and raise questions on unresolved matters with the facility's administrator. In keeping with the non-investigatory approach of the monitoring process, preliminary findings were shared and discussed at this time. This gave the administrator the opportunity to identify areas in which the facility might need assistance, and it gave the monitor and her team the opportunity to suggest ways to address problems or identify other resources that the facility could use to meet its needs.

C. The Report

1. Contents

The Program Monitor wrote each report, using interview notes and other brief written observations submitted by the team members, as well as program documents submitted by the facility's director. Reports were relatively short (about 15 double-spaced typed pages) and were intentionally designed not to duplicate existing documentation about the program. Some facilities had detailed program literature, policy and procedure manuals, and other descriptive material. The Monitor's written report highlighted, quoted from, and referenced these documents rather than repeating their contents.

Topic headings in the reports varied somewhat but generally included most of the following:

Rights of Children
Program Goals
Casework
Discipline
Community Relations
Education
Overall Atmosphere
Staff Functioning/Staff Stress

Administration
Work Environment
Record Keeping
Staff Training/Retention of Staff
Physical Plant
Conclusions and Recommendations

2. Approval Process

The approval process for the report on each facility included the opportunity for the facility's staff to suggest additions and corrections; this was essential to the establishing of trust between the project and the provider agencies.

The report on a facility was sent in draft form to the administrator of the facility and the site visit team members for comment. Neither the Child Advocate nor the Department for Children and Their Families ever received a copy of this draft document.

Some corrections and clarifications were made by site visit team members, but more frequently comments came from the facility director (or from staff with whom he or she chose to share the report.) The project was receptive to input from the facilities but also firm in refusing to allow any facility to exercise veto power over the contents of a report.

Several types of changes were generally accepted by the project staff and incorporated into the final report on a facility. These included (1) Further explanatory comments on material that was only covered briefly in the report, (2) revision of particular wording that was objectionable to the facility director but could be changed without weakening the point being made, (3) retraction of direct quotes that the facility staffperson being quoted maintained were inaccurate, and (4) removal or revision of statements that were clearly shown to be factually in error.

For an assistance-oriented rather than an investigatory project such as this one, the benefits of such an approach were clear. If the findings and the recommendations of the report were to be heeded willingly by the facility, the facility director first had to have a belief that the report was professional, fair, and even-handed. This project found that providing the opportunity, within reason, for addition, correction, and ocassionally even retraction could accomplish that goal without weakening or compromising the basic content of the report.

Also essential to this project's approach was the highlighting of positive program elements and the talents and dedication of program staff of the facilities.

In a field where pay and benefits are, for the most part, quite low, dedication to the children being served and the desire to have positive influence on their lives are high. Including well-deserved compliments in the reports was an honest expression of the findings of the teams, but also served to make negative findings more palatable to the staff of the facilities.

After the draft was revised on the basis of commentary received, the final report was sent to the Child Advocate and the director of the facility. The Advocate, in turn, forwarded copies to he Department for Children and Their Families after he reviewed and familiarized himself with its contents.

How recommendations were acted upon will be discussed later in this report.

D. Technical Assistance

The original grant application for the Rhode Island project stressed technical assistance as a major function of the project. Surely, we felt, a skilled program monitor and over thirty volunteer professionals would be called upon to provide much direct assistance to programs on the basis of findings of the monitoring. But this turned out not to be the case.

Some programs simply had the resources to implement the recommendations on their own. In these cases, the function of the monitoring team and its report was primarily to point out discrepancies---discrepancies between what the staff of the facility was experiencing and what the administrator believed was happening or discrepancies between what the facility staff felt was working and what residents felt was not. Often this was enough to stimulate action on the part of the program to address its difficulties.

In other cases, programs were somewhat aware of certain problems already, and the monitoring report simply served to reinforce their own perceptions and encourage more decisive action. In the evaluation forms submitted by programs that were monitored, program administrators commented that the recommendations "helped affirm our thinking," and that "it was good to see them (the problems) put forth in documented fashion."

The monitor and the teams provided specific assistance by encouraging a sharing of expertise among programs. A provider organization, the Rhode Island Council on Residential Programs, already existed and had the potential for being the vehicle for such sharing. But often that organization's energies were consumed in negotiating issues with the Department for Children and Their Families

or in advocating for a much-needed higher rate of reimbursement for residential services for children. In addition, members of that organization did not always gain the in-depth knowledge of other programs that the on-site monitoring teams did and therefore may have been unaware that program elements of their own would be valuable to other programs. The monitoring teams, and particularly the Program Monitor who served on every team, wereable to familiarize themselves with the strengths of the programs they monitored and often were able to encourage a program's director to consider a successful approach being used by another program to address a particular problem.

One facility administrator, in comments on his evaluation form, suggested that this approach be carried even further.

> "Are we taking the right (or best) approach in assisting young persons with problems? Is someone else (or another program) doing this in a very different manner and having more success? Is it possible to review all the programs being offered and then follow up with training sessions geared at providing the best possible approach? Are all our programs that radically different? This is a good process. However, it seems important to share collectively with other programs our common areas of difficulty and methods of successful program operation."

Encouraging such sharing on an individual program to program basis was an important technical assistance technique of the monitoring teams, and the more structured sharing or pooling of resources through the provider organization was a major final recommendation of the project (see the "Recommendations" section of this manual).

In a number of cases, the Program Monitor and site visit team did provide direct assistance to projects during the course of the monitoring visits, but programs were also directed to other community resources. Simple needs, often in the area of improving record keeping systems, were responded to directly by the teams. For more extensive needs, many of the programs were directed to the Volunteers in Action "Skillsbank," the organization that helped recruit monitoring team volunteers and which provides intensive (although lime-limited) professional assistance on a volunteer basis to a variety of agencies.

Many of the difficulties being encountered by residential facilities, however, could not be effectively addressed by any of these approaches but instead required action or policy change by the funder, the Department for Children and Their Families. Documenting these difficulties that were common to many facilities and making recommendations to the Department concerning them was a major outcome

of the monitoring effort, and one that had not been fully anticipated at the outset. As the project developed, project staff spent less time and effort than expected in providing direct technical assistance to programs but more emphasis on identifying system-wide problems, developing recommendations concerning them, and following up with the Department for Children and Their Families to assure their implementation. Notable achievements were accomplished in having many of these recommendations responded to by the Department (see "Recommendations").

E. Return Visits To Facilities

A return visit was made to each facility approximately six months after the initial visit. This follow-up visit enabled the project staff to document what recommendations had been carried out, what problems and needs a facility still had, and what new difficulties may have arisen through changes in the facilities own circumstances or in the child care system as a whole.

The second visit was much less structured than the first and was essentially a conference with the program's director. There were no interview guides, no reinterviewing of staff or residents, and no formal agenda for the site visit. A full site visit team was not used; generally the Program Monitor and one of the members of the original team conducted the visit.

The informality and non-investigatory approach of this second visit encouraged oppenness on the part of the facility director. Only in one case did the return visit not yield an accurate picture of the current status of a program and its problems. And in that instance better communication between the Program Monitor and the Department's Facility Liaison could probably have made the second visit more productive by alerting the Monitor to serious difficulties the Department knew the facility was experiencing.

The individual return visit reports were shorter (approximately five pages) and less detailed than the original reports, and they did not go through an approval process in draft form. By the time of the second visits, a trust level had been established with facility directors, and none of them expressed a need to review the follow-up report on his or her program before it was sent to the Child Advocate and the Department for Children and Their Families.

The return visits collectively yielded additional recommendations---not to the individual facilities, but to the Department and to the organization of provider agencies (The Rhode Island Council on Residential Programs). These recommendations are presented later in this manual.

IV. THE FOSTER CARE ASSESSMENT COMPONENT

A. Rationale

Why include a foster care assessment component in an institutional child abuse and neglect prevention project? The Council for Community Services and the Rhode Island Office of the Child Advocate decided that such a component was indeed essential for a number of reasons.

Foster care is the major alternative residential care option for children who must be placed outside of their own homes. To omit this component of the system from review would result in the project providing only a partial view of residential child care services.

Much preventive work was both possible and very much needed in the foster care system. Initial assessments of foster homes were already carried out by the Department for Children and Their Families at the time of their original licensing, and re-evaluations are mandated in certain circumstances, such as when a foster family moves or is being considered for placement of a higher number of children than it is licensed to care for. And the Department carries out investigations of foster homes about which there have been actual allegations of abuse and neglect. But when other seemingly less critical problems develop in a foster home, the manpower is often not available to do the in-depth assessment at that time, although such assessment, followed by appropriate intervention, could prevent more serious difficulties from developing.

The Rhode Island project therefore chose to include a foster care assessment component, staffed by a Master's level clinical social worker, to assess 50 "troublesome" foster homes during the approximately eighteen months of employment with the project. Referrals could be made by the Department for Children and Their Families or the Office of the Child Advocate, but the stipulation was made that they were not to be cases where actual abuse or neglect allegations were to be investigated. Findings of any of these assessments could result in a recommendation to revoke a foster family's license or even to immediately remove a child from placement, but it was anticipated that such recommendations would be rare. Instead, the focus of the assessments would be on problem identification and the provision of short-term assistance to the foster families and the Department in resolving the problems. This assistance-oriented rather than investigative approach closely paralleled the rationale upon which the facility monitoring visits were based.

The choice to include a foster care assessment component proved to be well-founded very early in the project as staff began to interpret the project to the directors of residential facilities. Some facility directors who had some suspicion and hesitancy about the monitoring process pointed out that some foster homes had as many children in care as some of the smaller group homes and emergency shelters to be monitored. The assurance that the foster care system was being, in some sense, "monitored" as well helped to convince facility directors that the project intended to take a fair and even-handed approach to reviewing the child care system.

B. Types of Cases Referred

Almost all of the foster homes assessed were referred by the Department for Children and Their Families, and the types of cases referred illustrate some of the difficulties foster homes can present that fall short of being abuse or neglect cases but which indicate problems that may in fact be danger signs. Cases included

> A foster home apparently providing good care to children but in which other relatives periodically living in the home were exhibiting behavior potentially dangerous to the children, including physical damage to the house and an altercation in which a weapon was displayed in a threatening manner.
>
> A situation in which a developmentally disabled child had become withdrawn and was "failing to thrive" in a new foster home placement.
>
> A case in which foster parents abruptly retired from foster care, necessitating the sudden removal of a five year old placed with them since infancy, but then reapplied for a foster care license six months later.
>
> Cases in which assessments of the same home by different caseworkers in the Department led to conflicting conclusions about the adequacy of the care being provided.
>
> Cases in which foster parents, while providing good physical care to children, were consistently interfering with attempts by the Department to reunify children with their natural families or were being "uncooperative" with the Department on other matters.

C. Carrying Out the Assessments

Each assessment was carried out by means of a direct visit by the Clinical Social Worker to the home, and setting the family at ease was the first task. The Clinical Social Worker was able to accomplish this in most cases by presenting herself as a problem-solver and a provider of assistance rather than an

investigator. The fact that she was not an employee of the Department and therefore could bring a fresh perspective to the situation helped her set that kind of tone to the visit.

In the home visit, both interviewing and observation were important. She interviewed the primary caregiving foster parent and, according to the circumstances of the case, others in the household as well---the spouse, the foster parents' own children, other foster children and other adults living there. And she observed the home environment and the interaction between foster parent and foster child.

The assessment process also included a review of past evaluations and reports on the home by the Department and interviews with all Departmental social workers presently or recently involved with the home. In many cases, this provided the Clinical Social Worker with a quite different view of the case from that originally presented by the Department in making the referral.

D. Outcome of the Assessments

1. Assistance to the Department

The foster home assessments provided assistance to the Department for Children and Their Families in a number of ways. The expressed purpose of the assessments was to intervene in at-risk foster care situations, identifying ways of remedying their difficulties or, in some cases, recommending the revoking of licenses. This purpose was achieved, with specific recommendations made on each home, e.g. required counseling for the family, a limit to the number of children placed in the home, use of the home only for children of a certain age, closer monitoring of a home and a reassessment in six months, or (very occassionally) discontinuing use of the home for foster children. But in the process of the assessments, the Clinical Social Worker also provided some direct assistance to caseworkers. For example, she provided informal short-term consultation to some of the Department's caseworkers in understanding the functioning of family systems and in understanding the needs of foster families----needs which in some cases were causing "troublesome" relationships between the foster parents and the caseworker.

2. Direct Assistance to the Foster Families

In addition to making recommendations concerning the homes that were assessed, the Clinical Social Worker also provided direct assistance to some of the foster

parents during the assessment process. She provided informal, short-term, skill-building training or counseling in the home with regard to dealing with the foster child's needs and behavior; helped the foster parents identify community resources for themselves or the foster child for counseling, recreation, and education: and assisted foster parents in understanding the child care system and in developing appropriate, non-alienating ways of relating to the Department.

3. Identifying System-Wide Themes

Just as the program monitor and monitoring teams documented problems common to many residential facilities, the Clinical Social Worker was able to identify systemic problems in the foster care system. In most cases, these system-wide problems were not unique to foster care in Rhode Island; they fairly closely matched what the available literature in the field has said for some time. Some of these problems were

Social workers feeling overwhelmed by large caseloads.

Foster parents feeling that their input is not listened to in planning for the foster child's future.

Foster parents reluctant to complain because they fear the foster child in their care will be removed if they do.

Resistance by some foster parents to reunification of the child with the natural family.

Inadequate financial reimbursement to foster parents.

Lack of ongoing training for foster parents.

Abrupt placement of children in foster homes, without the foster parent being given adequate information about the child.

An insufficient number of good foster homes, resulting in the overburdening of those that are available.

A feeling by some social workers that they do not have strong support from the Department.

Some of these issues became the subject of final recommendations by the project to the Department (See "Recommendations" section of this manual).

E. Unanticipated Roles

The use of a highly skilled and experienced Clinical Social Worker by this project enabled the project to impact the foster care system in ways that were

not anticipated when the original grant was written. Major changes within the Department opened the way for her to take on new roles, building upon the findings of the foster care assessments she had already carried out, and she had the skill and credibility to easily move into those roles.

The timeframe of this project coincided with a very difficult period for the Department for Children and Their Families, a period in which there was much reorganization and much rethinking of how things were being done. A child who had been in foster care and had been reunifi d with his natural family became a child abuse fatality. This raised major questions about the Department's handling of family reunification and its ability to keep track of and coordinate its response to multiple reports of suspected child abuse in a family. The Department's Director was replaced, many policies and procedures were revamped, and new approaches to family reunification and to child abuse investigation were developed.

During this period, referrals of foster homes for assessment by the project stopped, but the Clinical Social Worker took on new functions. Some of these were on her own initiative and some were at the invitation of the Department.

She took the lead in developing a major proposal to the Department on giving selected foster parents primary roles in the family reunification process. This proposal for using foster parents as "supportive educators" to work with the natural families of children in their care was not adopted by the Department, which chose instead a more traditional model for a family reunification pilot project. But the issues it raised emphasized to the Department the need to rethink how foster families can aid in reunification rather than simply being confined to the role of providing substitute care. Excerpts from this proposal are included as Appendix I.

The Department encouraged the project's Clinical Social Worker to participate in the review and revamping of a number of Departmental policies and practices. The thoroughness and specificity of her foster care assessments led the Department to invite her to participate in the revision of both its initial foster home assessment process and its re-evaluation process. Her identification of areas in which foster parents needed additional skill-building and assistance led to the opportunity for her to observe and critique the series of training and orientation sessions for new foster parents. And she also became a participant in policy planning meetings at the Department being held to review and revamp policies on such matters as foster care recruitment and training.

On her own initiative and with the cooperation of the Department, she developed an eight session support/training program for foster parents already involved in providing foster care services. She conducted this series of sessions, demonstrating to the Department the ability to engage foster parents willingly in such a program and providing the Department with a model for future support/training sessions of this kind. (See appendix J for summary of these sessions).

V. THE GOAL ACHIEVED: RECOMMENDATIONS AND THEIR OUTCOME

A. What to expect

In replicating this project, you should expect a mixed response to recommendations----both to the recommendations to facilities and to recommendations to the department for children's services. Yet, while not every recommendation of the Rhode Island project was accepted and implemented, many of them were adopted, and the overall child care system was improved. Perhaps equally important, the system was opened to review by professionals from the community, and even in cases where recommendations were not followed, ideas may have been planted that will take root at a later date.

In particular, do not expect your monitoring visits and recommendations to have major impact on large facilities. It was the experience of the Rhode Island project that the larger facilities are very difficult to review using this monitoring model. Often a monitoring team leaving a large facility at the end of the one-day monitoring visit felt that it had not gotten below the surface in understanding that program and its strengths and weaknesses. This is not to say that "bigger is better." Nor is it to say that larger facilities were less honest or less receptive to the review. Larger facilities simply are more routinized, tend to have more highly developed policy and procedure statements, are often already subject to other review processes for accreditation, and usually have many more program components or facets to review. Even the Massachusetts Office for Children, which uses citizen review teams to carry out longer-term multi-visit evaluations of children's residential facilities, has found that its review of large facilities is much less productive.

The Rhode Island project nevertheless recommends that you include such larger facilities in your review process, not necessarily for what you can do for them, but rather for what can be learned from them. Many programming, record keeping, and staff training techniques shared with smaller facilities by the monitoring

teams came from the larger facilities. And, if your project is to document system-wide problems and issues as well as make recommendations to individual facilities, you will need to include the larger facilities to get a complete picture of that system.

B. Recommendations to Facilities

Your project can have direct impact on the individual residential facilities you monitor. At the close of the Rhode Island project's first round of monitoring visits to the facilities, an evaluation questionnaire was sent out to all facilities that had been monitored. One of the questions asked was "Have changes occurred/been implemented...on the basis of the report or its recommendations?" The responses were gratifying, and the return visits corroborated that the changes had indeed taken place, in some cases simply by action of the facility director and in other cases by action of the facility's board with whom the director had shared the report. Changes included improvements to the physical plant, establishment of security to prevent unauthorized entry by outsiders, better delineation of supervisory roles and responsibilities, improved record keeping, and revamping of the acceptance/intake process (See Appendix K for fuller listing of responses).

Interestingly, some facility directors mentioned some changes by the Department for Children and Their Families as outcomes of the monitoring process, and this was even before the Department had responded to the specific system-wide recommendations made by the project. But the Department had already begun responding in writing to the Child Advocate to each facility monitoring report it received, commenting on each of the recommendations made. During the major departmental reorganization that took place during the course of the Rhode Island project, the Department's written responses to the individual monitoring reports ceased for a time, but when second visits to facilities began taking place, the Department again responded to the reports on individual facilities. In some cases, the Department would reject a recommendation as "not an acceptable solution and... inconsistent with...needs of clients." In other cases, recommendations would be accepted, e.g. "The suggestion that DCF provide leadership in this area is a good one and will be explored." And in still other cases, the Department simply agreed with the concern being raised, promising an in-depth look at the matter, e.g. "The Department is concerned (about the issues raided in a recommendation). This proposal will be closely reviewed."

C. Interim Recommendations to the Department

A project such as this definitely has the potential for achieving system-wide changes as well as improvement in the functioning of individual facilities. The approach followed by the Rhode Island project was very productive in this regard and is therefore recommended to those replicating the project. Do not simply put all your recommendations in writing to the department for children's services without first sharing your findings with the department in an in-person face-to-face meeting. This enables you to get the Department's perspective on your findings before you develop formal recommendations, helps you give better focus to your recommendations, and increases the likelihood that they will be heeded.

The Rhode Island project, for example, developed a statement of ten issues for such discussion with the Department. In that discussion, some of these matters were satisfactorily resolved in an informal manner, with the Department explaining its stance and/or suggesting ways the matters could be addressed with the facility directors during return monitoring visits. On some of the issues, however, an Acting Assistant Director of the Department suggested that the project make specific recommendations in writing to the Department's Director. This was done with six of the matters.

All those six recommendations were responded to positively, with specific policy statements issued by the Department or, in one case, with legislation introduced, supported by the Department, and passed in the state legislature. The recommendation (in brief summary form) and the Department's responses were as follows:

1. The project recommended that the Department (DCF) require vendors to maintain records in a manner that would allow transfer to DCF of medical and educational information that might have lasting value, with the remaining case record material to be destroyed three years after client discharge.

   Response: The Department issued a new policy to vendors, requiring such transfer of information, specifying security requirements for case records of closed cases, and permitting destruction of old records after five years.

2. The project recommended that DCF require vendor facilities to have functioning boards of directors or advisory boards, which were absent in some of the smaller facilities.

Response: The Department issued a policy to vendors, requiring such boards, and delineating criteria for their composition and functioning.

3. The project recommended that DCF require each facility to have procedures for hiring a new director, safeguards against precipitous closure of the facility, and provision for interim supervision of staff and program in the event of temporary disability of the director. This recommendation was made in response to the project's finding that some smaller, independently operated facilities, in which the present director was also often the founder, lacked such procedures.

Response: The Department required of each vendor a written procedure for employing or replacing executive staff; the procedure had to include who was designated to carry out the responsibility, what process would be followed, and within what timeframes it would be carried out.

4. The project recommended DCF issue guidelines on what fund-raising is allowable by facilities contracting with DCF.

Response: DCF issued a policy to all vendors on this matter.

5. The project recommended that DCF provide more specific guidance to emergency shelters on what information should be part of individual case records.

Response: DCF issued a policy on content of vendor case records to all vendors, delineating seven specific content requirements.

6. The project recommended that DCF require emergency shelters to have emergency lighting systems, especially since these facilities could contain many newly admitted children at the same time who would be unable to assist each other in evacuation in the event of an electrical fire that extinguished hallway and stairway lighting.

Response: DCF supported the introduction and passage of a bill in the state legislature to require emergency lighting systems in emergency shelters and group homes and stated its intent to include in its budget the funds to provide for their installation.

D. Final Recommendations of the Project

At the close of the project, additional recommendations were made, the outcome of which remain to be seen. Three types of recommendations were issued: (1) recommendations to DCF concerning residential facilities, (2) recommendations to DCF concerning foster care, and (3) recommendations to the provider organization of residential facility directors.

The difficulty with a pilot project such as this one is that the resources for follow-up on such recommendations usually ends with the close of the grant period. Many of the following recommendations could have been the subject of active assistance by the program monitor, the clinical social worker, and the volunteer

professional teams, if the staff resources continued to be available to do so. In replication, perhaps you will have to begin the project on a pilot basis, but the more permanence that can be given to such a professional review process, the more such a project can count on achieving.

The final recommendations are listed below in brief form. More detailed commentary on the recommendations can be found in Appendix L.

1. Recommendations to DCF on Residential Facilities

   DCF should more consistently encourage training of staff at all levels within residential programs by providing contractual incentives to the facilities.

   As more difficult-to-handle youth are placed in facilities not specifically designated as treatment agencies, the Department should recognize the need for clinical consultation services by these facilities.

   DCF should work with the Rhode Island Council on Residential Programs to encourage the formation and facilitating of support groups for direct service staff of child care facilities.

   The Department should continue to work aggressively toward establishing a true continuum of care.

2. Recommendations to DCF on Foster Care

   Re-evaluation of any foster home should involve gathering input from all workers involved with that foster home at the time and in the recent past.

   Ongoing training and support to foster parents, sponsored by the Department, should be a high priority.

   The Department for Children and Their Families should develop more structured ways for foster parents to actively assist in the reunification process in which the foster child returns to the natural family.

   The Department should more fully involve each foster parent as part of the "case team" in planning for the foster child(ren) placed in his/her home.

   The Department should utilize selected foster parents as trainers for other foster parents and as leaders of foster parent support groups.

   Within practical limits, the Department should provide some opportunity for caseworkers to express their preferences with regard to which foster families they feel they can most effectively work with.

3. Recommendations to the Rhode Island Council on Residential Programs (RICORP).

RICORP should set up an ongoing system of supportive group sessions for direct care staff, in which techniques, case studies, positive experiences and frustrations can be shared.

RICORP should serve as a clearinghouse for training opportunities in the child care field, encouraging its member agencies to open in-service training to staff members of other facilities or to participate in joint training ventures with other facilities.

RICORP should explore ways in which to better meet the relief staff needs that exist in some of its member facilities.

VI. SOME CLOSING NOTES ON PROJECT REPLICATION

In writing this manual, we have tried to strike a balance between describing one particular project and providing specific guidance for project replication. We wanted to "whet your appetite" by providing an in-depth view of what one project has accomplished. We did this to spark your own enthusiasm for project replication and to give you concrete examples to share with whomever you may need to convince about the value of such a project. Perhaps, however, you feel we have been short on providing specific tools---fully developed training programs for volunteers, interview questionnaires that you can adopt fully in their present form, etc. We have intentionally not provided such things, for we firmly believe that they should not in fact be provided. We can provide an example, but the project you develop cannot be a copy of ours. It must, we firmly believe, be uniquely tailored to your own area and its particular structures, needs, and services.

Can such a project succeed in a larger jurisdiction? Rhode Island, as the smallest state in the union, is in many ways a "city-state." The federal Department for Health and Human Services at the inception of this project expressed concern as to its applicability to large states or other types of jurisdictions.

We do not have a firm answer to that concern but have some suggestions from our own experience. (1) Start small. Begin in fairly homogeneous regions or jurisdictions, where the residential facilities are reasonable accessible to the geographic area of origin of the children they serve. It would be foolhardy, for example, to try to begin with a rural jurisdiction which sends many children to distant facilities. (2) Do not try to impose the same design on every jurisdiction. Be responsive to local conditions. One area may have a voluntary action center to

aid in volunteer recruitment; another may not. One jurisdiction may use residential care more heavily than another; you might even want to consider adapting the process to non-residential programs for children in certain regions. In Rhode Island, for example, the monitoring model has been successfully marketed to the Governor's Justice Commission (the state planning agency for criminal justice) for monitoring non-residential programs funded under the federal Juvenile Justice/Delinquency Prevention Act. The same task force of volunteers will monitor that set of programs in 1984-85. (5) Do not consider it a failure if the project does not produce notable results in every region. Receptivity to the project varies and is not always predictable at the outset. The Rhode Island Department for Children and Their Families happened to undergo a major reorganization and self-assessment during the timeframe of this project, undoubtedly contributing to the openness that the Department showed to the project's efforts and findings.

The one firm belief we want to share with you is that, regardless of the specific outcomes of one particular project, the concept of professional volunteer citizen review has great merit. Several of the volunteers themselves expressed the value of the project in this regard in their own final written evaluation of the project.

> "The facilities were reminded that they are not independent of the overall child care system and that they have to meet basic minimum criteria and standards. But they were also given a loud and clear message that their concerns are worthy of attention and that DCF is not infallible and is also subject to review. Also, the facilities elcomed the opportunity to talk with people who cared...."

> "Professionals like myself have a stake in the community and want to see programs work. We can add to the project and use the insight gained for our own work. A ripple effect!"

Appendix A

Job Descriptions

Program Monitor

Education and experience

Master's in Social Work, Social Research, or a related discipline (or Bachelor's degree and equivalent experience).

Direct experience in conducting program evaluation and/or program monitoring.

Special skills or knowledge

Strong writing skills.

Knowledge of data collection systems, interviewing methods, questionnaire design and related monitoring and evaluation methods.

Knowledge in the field of children's services, especially with regard to the various types and models of residential programming.

Primary duties and responsibilities

Conduct monitoring visits, together with volunteer monitoring teams, and prepare monitoring reports.

Provide technical assistance together with volunteers to programs to improve program operation, develop accountability systems, and correct deficiencies.

Clinical Social Worker

Education and experience

Master's in Social Work, with clinical emphasis.

Three years experience in a clinical social work position, at least one of which was in a supervisory or program management capacity. Experience in child protective services preferred.

Special skills or knowledge

Strong clinical skills.

Knowledge in the field of children's services, especially with regard to foster care, residential programming, and protective services.

Knowledge of social program administration and management.

Strong writing skills.

Primary duties and responsibilities

Carry out in-depth assessments of troublesome foster homes: provide assistance to foster parents in improving their foster parenting skills; and, in cases of unworkable, deficient foster homes, provide the necessary documentation to ensure license revocation.

Serve as clinical consultant to the project's program monitor and teams of volunteer professionals who will monitor residential facilities.

Provide technical assistance of a clinical nature to child care and treatment agencies as a result of findings by monitoring teams.

Appendix B

CCS Evaluation/Monitoring Task Force Membership

The members listed below were active on the Task Force through all or a significant part of the project period. The list does not include five individuals who were recruited but who did not become active at all or resigned very early in the life of the project. Professional positions listed are those held by members at the start of the project; later job changes are not included.

Thomas Fay, Chairman Associate Justice Rhode Island Family Court	Judge in Family Court. Also chaired a smaller predecessor CCS Evaluation Task Force of volunteers.
David Heden Juvenile Intake Supervisor Rhode Island Family Court	Extensive experience in the courts and with community agencies.
Bruce Keiser Evaluation Specialist City of Pawtucket City Planning Dept.	Formerly program monitor for Pawtucket Office of Community Affairs.
Stephen King, Supervisor Youth Diversionary Unit Rhode Island Family Court	Master's Degree in Guidance and Counseling. Extensive experience in the courts and with community agencies.
Dr. Joan Merdinger Assistant Professor School of Social Work Rhode Island College	Teaches research presently. Has taught full range of courses.
Cyndy Moniz Assistant Professor School of Social Work Rhode Island College	Organized training for group home staff in her former position with Consortium for Continuing Education.
Dr. Lenore Olsen Assistant Professor School of Social Work Rhode Island College	Former Research Director of Council for Community Services. In that position, participated in design of program evaluations, processing of data, training of interviewers, etc.
Dr. Richard Pease Psychologist, Private Practice	Formerly worked in Child and Family Psychiatry Office of Rhode Island Hospital.
Dr. Patricia Glasheen Associate Dean - School of Education and Human Development Rhode Island College	An educator with direct service experience.

Winifred Glynn Retired nurse	Experience in nursing work with children over the last 10 years.
Mary Lou Cubbage Teacher Gordon School	Formerly clinical educator with child guidance clinic.
Carlo Furio Providence Community Action Program	Directs elderly services at Providence Community Action Program; also does work for the Mayor's Policy Office.
Gary Kilpatrick Rhode Island Hospital Trust Bank	Lawyer in the business community.
Dr. Alice Gross Psychologist R.I. Department of Mental Health, Retardation, and Hospitals	Presently a psychologist at the state hospital. But doctorate is in education. She is certified special ed teacher and certified reading specialist.
Donna Corey Registered Nurse Rhode Island Hospital	Experience in general health care and nutrition.
Annalee M. Bundy, Director Providence Public Library	Operates and evaluates a variety of learning programs for poverty-level children.
Patricia F. Zanella Division of Retardation R.I. Dept. of Mental Health, Retardation and Hospitals	Administers program of community-based group homes for retarded and evaluates such homes.
Dorothee D. Maynard The Good Neighbor Alliance Corporation	Presently in business for herself. But has 18 years past experience in the health care field, having served as an X-ray technician and as the director of an emergency treatment center.
Michael Worthen President/Administrator Looking Upwards, Inc.	Administers residential program for school age retarded clients; has staff of 80.
William Brown Director of Professional Services Children's Friend and Service	18 years of experience in all ages of childrens' services.
Patricia A. Buckley Registered Nurse R.I. Department of Mental Health, Retardation and Hospitals	Coordinates health care in group homes for the retarded. R.N. Consultant in community program at Dept. of MHRH, Ladd Center for the retarded.

Peter E. McGrath Student Rhode Island School of Social Work	6 years experience in residential care for children: direct care, treatment and administration.
Chris Sullivan Registered Nurse Instructor of Nursing, University of Rhode Island School of Nursing	A pediatric nurse practioner with extensive experience in child health and nutrition.
Carolyn Hamee Registered Nurse Assistant Professor Parent-Child Health Nursing University of Rhode Island	13 years experience in pediatric nursing and education in all facets of parenting and developmental health care.
Diane Cocozza Martine Registered Nurse Instructor, Community Health Nursing University of Rhode Island	A community health instructor with special skills in nutrition, counseling and parenting.
Laura Reitz Mental Health Counselor New England Fellowship	Counselor for residents in group home for mentally ill adults.
Valorie Ann Avedisian Child Care Coordinator The Women's Center	Experience as a mental health worker with adolescents and adults, a research investigator in hospital studies, and an employee of a women's shelter facility.
Janice Kinder Registered Nurse Public Health Nurse Consultant R.I. Dept. of Mental Health, Retardation and Hospitals	Experience in case management and knowledge of community resources.
Holly Powell Registered Nurse Assistant Professor University of Rhode Island/Parent-Child Health Nursing	A family nurse practitioner and has been involved in health care of children and families.
Kathleen F. Phillips Registered Nurse Instructor, Family Nurse Practitioner Program at University of Rhode Island School of Nursing	Pediatric nurse practitioner and clinical instructor of family health assessment.

Michael Lichtenstein Director Providence House	Program Director for a group home residence serving mentally ill adults.
Eileen Sullivan Westwick House	Counselor for residents in group home serving mentally ill adults.
Gail Roy Assistant Director Fellowship House	Supervisor and counselor for group home serving mentally ill adults.
Kristen Johnston Fellowship House	Employee of group home residence serving mentally ill adults.
Joanne McDowell Director John Hope Day Care	Directs day care program for children.
Christopher Nocera "CASA" Volunteer Family Court	Volunteer worker in Family Court's CASA (Court Appointed Special Advocate Program).

Appendix C

11/1/82

A VOLUNTEER OPPORTUNITY FOR CITIZEN REVIEW OF CHILDREN'S RESIDENTIAL PROGRAMMING

Background of the Institutional Child Abuse and Neglect Prevention Project

The project began October 1, 1982, as a 17-18 month demonstration grant to the Council for Community Services (CCS) from the federal Department of Health and Human Services. It is a joint project by CCS and Rhode Island's Office of the Child Advocate. There are two components of the project, one which will monitor and provide technical assistance to the residential facilities in which the Department for Children and their Families places children and the other which will assess and provide assistance to troublesome foster homes within the foster care system. Both components of the project are designed to be pro-active and preventive, identifying problems or difficulties before they reach the critical stage and providing resources to remedy problems or shortcomings in order to improve the quality of care.

Design of the Project

A program monitor, stationed at CCS, will lead monitoring teams of trained volunteer professionals from a variety of human service disciplines to monitor the residential facilities. As situations are uncovered in the monitoring visits that can be addressed by the provision of short-term technical assistance, the program monitor and the teams of volunteer professionals will provide those technical assistance services.

A clinical social worker, stationed at the Child Advocate's Office, will do in-depth assessments of foster homes which have been identified as troublesome through a cross-referencing of complaints. The primary focus of these assessments will be on identifying the difficulties in these foster homes and providing the assistance to the foster parents to remedy the problems. In those cases where a foster home is found to be unsalvagable, however, the role of the clinical social worker will be to provide the documentation necessary for license revocation.

The assessment of and assistance to the foster homes will be a staff function, not involving the volunteer professionals. The clinical social worker will, however, also provide clinical consultation to the program monitor and the volunteer teams with regard to clinical issues encountered in the monitoring of the residential facilities.

Responsibilities and Time Commitment of the Volunteer Professionals

(1) The Volunteers will attend the monthly meetings of the volunteer Evaluation Task Force of CCS, which meets on a weekday at 4:30 and adjourns by 6:00. The purpose of these meetings is to review and discuss monitoring and evaluation reports and choose monitoring teams for new assignments. The meeting day changes each month so that no volunteer is excluded on a regular basis by virtue of having another standing commitment on a particular day of the week.

(2) The volunteers will attend two three-hour initial orientation and training sessions. Each of the two sessions will be offered twice to accommodate the varying schedules of the volunteers. An audio tape of each session will be available to volunteers who must unavoidably miss a session.

(3) Each volunteer will be expected to take at least three monitoring and/or technical assistance assignments during a year's time. A monitoring or technical assistance assignment will generally take one half to one day. Almost all will be within Rhode Island, with the remaining few being in nearby Massachusetts or Connecticut. Cost of auto travel to and from site visits will be reimbursed at 20¢ per mile (but car pooling is encouraged).

(4) The CCS Evaluation Task Force also does program evaluations of Juvenile Justice programs under contract with the Governor's Justice Commission, and volunteers may choose such assignments as well. These evaluations generally require a series of site visits over several months' time.

(5) All report writing will be the responsibility of staff---with input from the volunteers. The only written work required of volunteers themselves will be brief notes of interviews they may have conducted or case file reviews they may have participated in during the course of a site visit.

Types of Volunteers Needed

Volunteers with knowledge and expertise in the areas of education, health care, program evaluation or monitoring, human services administration and management, residential programming, counseling, law, or other areas that could be related to residential programming for children are needed.

How to Volunteer

Call Richard Graefe, Chief of Research and Planning at CCS at 861-5550 (a Providence number). He will provide you more detailed information and will schedule an interview with you to discuss the project further before you make a commitment to serve as a volunteer.

If you think you may be interested in volunteering, do not plan to wait till after the December holidays. To meet the timetable of the grant, volunteers will be recruited and trained in November and early December so that monitoring visits may begin immediately after the first of the year.

Appendix D

COUNCIL FOR COMMUNITY SERVICES

INSTITUTIONAL CHILD ABUSE AND NEGLECT PREVENTION PROJECT
EVALUATION TASK FORCE MEMBER INFORMATION FORM

DATE_____

NAME_____

MAILING ADDRESS_____ PHONE: (home)_____

_____ (work)_____

If presently employed:

Present employer:_____

Position title:_____

Indicate the skills, training, employment or volunteer experience which would be useful for monitoring children's residential facilities (e.g., particular strengths in areas such as educational programming, nutrition, health, parenting, psycho-social programming, counseling, personnel work, knowledge of legal system etc.). Include information on relevant professional certification.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Indicate present membership on Boards of Directors and Professional Associations

_____

_____

Appendix E

Potential Conflict of Interest: Currently or in the past have you or any member of your immediate family been:

employed by,
an agent of, or
a board member of

any public or private agency which

provides,
funds, or
is a conduit for funding of

residential services to children ages 0-21?

_____Yes _____No

If yes, please name the agency and describe the relationship.

_____

_____

_____

_____

Insurance of Objectivity and Confidentiality: If I, or any member of my immediate family has resided in a facility under review and in which I am a potential review participant, I agree to discuss this fact with the CCS staff person on this project. I understand that revealing this information will not automatically exclude me from the review in question. I also agree to uphold the confidentiality of clients in the programs under review. I will maintain any objective data or subjective observations within the confines of this Task Force and the Agency under review.

_____

Signed Date

Appendix F

Content of Volunteer Training

The training will take place in two three hour sessions, each offered a second time to accommodate volunteers' varying schedules.

Section A

I. Overview of the Project

Project Manager Richard Graefe and Program Monitor Sharon Hoffman will provide an overview of the project.

II. Children's Bill of Rights

Child Advocate Michael Coleman will discuss the section of R.I. law known as the Children's Bill of Rights, which outlines basic rights that children retain even when in the care and custody of the state. Copies of the law will be provided to the trainees.

III. Court Process

Two of the volunteers, David Heden and Stephen King who are employed at the Family Court, will discuss the court process by which children come into the child care system, the extent to which the court continues to oversee each child while he/she is in the system, and the court process by which a child is released from state jurisdiction.

IV. Continuum of Residential Care Facilities

Ray Arsenault, who directs the monitoring services carried out by the Department for Children and Their Families, will describe the range of residential programs used by the Department for placement of children and the purpose of each major type of facility.

V. Staffing Issues

Michael Lichtenstein, staffperson of the New England Fellowship for Rehabilitation Alternatives (a system of residential facilities for deinstitutionalized former mental hospital patients) will discuss staffing issues in residential facilities, including such issues as communication between shifts, emergency procedures, in-service training, etc. Michael is one of the volunteers.

Section B

I. A. CCS Evaluation/Monitoring Model

Beverly Kreis, Chief of Evaluation and Technical Assistance for the Council for Community Services, will give a brief overview of the CCS evaluation/monitoring model, including its history, rationale, and development.

B. Confidentiality

Richard Graefe, Program Manager for this grant, will address the issues surrounding confidentiality of information. The issues will be addressed from several perspectives: (1) the importance of strict confidentiality with regard to programmatic information gathered about facilities during the monitoring, (2) the importance of confidentiality with regard to client information volunteers may have contact with in the facility and the criminal sanctions within R.I. law against anyone disclosing such information, (3) the procedures facilities should be following with regard to obtaining appropriate permission to release client information to requesting agencies, and (4) security of records within facilities.

II. Record-keeping

Beverly Kreis will discuss record-keeping procedures---what basic record-keeping procedures and standards should exist in the facilities.

III. OFC--Overview of Their Program and Attitude/Value Examination

Leonard Thomas and John Cuneo, of the Massachusetts Office for Children, will discuss their agency's program of using citizen volunteers to assess children's residential programs. Although there are substantial differences, between their program and the monitoring/technical assistance program of this present grant, they will be able to share relevant experience from their program particularly with regard to the values and attitudes of volunteers vis a vis the philosophies and approaches of the residential facilities.

IV. RICORP--Typical Day in a Facility

Terry Smith and Joseph Testa of the Rhode Island Council on Residential Programs (the organization of provider agencies) will discuss what a child experiences on a typical day within one of the smaller residential facilities (e.g. a group home or emergency shelter).

V. Interviewing Skills and Overview of Instrument

Lenore Olsen of the R.I. College School of Social Work faculty, who is also one of the volunteers in this project, will discuss interviewing techniques and skills, relating her comments to specific items on the monitoring guide to be used in the actual monitoring.

A United Way agency

COUNCIL FOR COMMUNITY SERVICES

since 1923, providing professional research, coordination, planning and evaluation for non-profit human services

May 13, 1983

Dear

The Office of the Child Advocate and the Council for Community Services are presently scheduling site visits to DCF funded residential programs under the monitoring/technical assistance project described in a previous letter to you in late December. This present letter is the next step in scheduling a site visit to your facility. The site visit will be taking place with a team of volunteer professionals and myself as Program Monitor, spending approximately a day in your facility.

The volunteers, who have been recruited for their diverse and rich professional backgrounds, are working on this project as agents of the Office of the Child Advocate in fulfilling his office's legislative mandate to

> "Periodically review the facilities and procedures of any and all inscititutions and/or residences, public and private, where a juvenile has been placed by the Family Court or the Department for Children and Their Families."

In addition, the team assigned to working with your program is operating under the mandate of the Office of the Child Advocate regarding access to pertinent records. Such access will include a review of the record keeping system pertaining to the clients in the program, personnel policies and procedures, operational policies and procedures, and other relevant written material pertaining to programmatic issues.

The team will thus wish to have available on the date of the site visit, samples of case records, any documents describing operating procedures and personnel procedures, and any other relevant written material about your program. We would like to schedule time during the visit to review these documents on site.

Gardner W. Munro
Executive Director

229 Waterman Street Providence, Rhode Island 02906 Telephone: (401) 861-5550

We do not wish to disrupt your normal program that day. We would, however, like the opportunity to observe some facets of daily program activity and to spend some time speaking with some of the clients regarding their experience in your facility.

We would also like to schedule interviews with child care staff, on an individual basis. We anticipate spending approximately 30 minutes with each staff member available on that day. In addition, we would like to schedule, at a minimum, one and a half hours with you.

Some of the topics on which we will be focusing may include:

Goal setting
Personnel policies
Chain of command
Family interaction
Staff deployment
Record keeping practices
Children's Bill of Rights
Quality of life in the facility
Health care
Education
Community linkages

We have scheduled the site visit for Thursday, June 2, at 10:30 a.m.

Thank you for your consideration. If you have questions or concerns prior to our visit, you can reach me at 861-5550. I look forward to working cooperatively with you and your staff at this monitoring visit and trust that it will be a productive and helpful experience for your facility.

Sincerely,

Sharon G. Hoffman
Program Monitor

SGH/gja

cc: Michael Coleman, Child Advocate
Richard Graefe, Project Manager, CCS
B. Jae Clanton, DCF
Thomas Dwyer, DCF

Appendix H

Instrument I – Administrator

What major program goals address the specific needs presented by clients in the care of this facility?

1. What is the most important goal for clients here?

2. What are the admitting criteria? To what type of client would this facility offer most? Least?

3. Describe the admission process: Who is responsible for:

   a) Intake?

   b) daily programming?

4. What are the reasons a kid leaves here?

   ___ achieves program goals or release criteria ___%

   ___ meets program age limit ___%

   ___ reaches program time limit ___%

   ___ funding difficulties ___%

   ___ court discharge ___%

   ___ parents withdraw youth ___%

   ___ leaves against program advice ___%

   ___ expelled due to rule violation/behavior problems ___%

   ___ don't know ___%

   ___ other ___%

5. When a youth leaves, where does he/she go?

6. Describe the discharge process.

   a) Who is involved in the decision?

   b) Who handles the discharge?

7. What are the procedures used to evaluate a client's progress in the program?

8. Within the last 2 years have any residents been asked to leave the program for reasons other than successful program completion? Why?

9. How have staff been trained in assessment techniques in the area of:

   a) education?

   b) vocational activities?

   c) personal and home care skills?

   d) social skills?

10. What role do parents typically have in

   a) admissions?

   b) program planning?

   c) discharge?

11. A new client is admitted...Describe the client's introduction to this facility. What occurs from the moment he/she walks through the door?

12. How does the client learn

   a) the rules of this program?

   b) the Children's Bill of Rights?

   c) Where do you post the Children's Bill of Rights?

13. What methods have you found useful in integrating residents into community activities?

   a) Has there been resistance to any such involvement?

   b) Have you found any particular community activities that you do <u>not</u> encourage clients to be involved in because of problems encountered?

14. How do you determine the effectiveness of the punitive measures you use for breakage of rules or other discipline problems?

15. Are you satisfied with the educational programming for clients in local schools?

    a) Describe the general attitude the local education authorities have demonstrated toward clients:

        i cooperative and positive

        ii indifferent

        iii uncooperative and negative

    b) Have clients been well accepted by other kids in the schools?

16. We understand that there have been no recently filed reports of abuse or neglect. At what point in your procedures would you inform DCF that an incident may have taken place?

    a) How do you handle incidents of physical abuse among the clients?

17. How frequently do you have contact with the DCF caseworkers?

    a) Are you satisfied with present level of involvement with the caseworkers?

18. How frequently do you have contact with the DCF facility liaison?

    a) Are you satisfied with your relationship with the liaison?

    b) Has DCF been referring appropriate clients to you?

    c) Are you satisfied with the referral process?

19. How important is long-range planning for the program?

    a) Have you been able to coordinate your planning efforts effectively with DCF?

20. Describe the program policy on visitors.

    a) How have you managed to filter out unwelcome visitors?

    b) Do you maintain a record of any people visiting this facility?

    c) Are any clients currently involved with the Big Sisters (or other one-to-one advocacy types of programs)?

21. What role does staff have in setting policies?

    a) in developing individual program plans?

    b) in interfacing with community resources?

    c) in working out internal problems?

22. Many of the clients now in care of DCF have increasingly complex problems and require more intensive programming. How would the over-all atmosphere of this program be changed to accommodate youth requiring specialized therapeutic attention?

    a) Could the local school system handle additional students with special needs?

23. If a clinical consultant were made available to your staff, how would you utilize this service?

24. While in this program, some clients may experiment with drugs, alcohol, or some criminal activities. How do you intervene when such involvement becomes known?

25. What do you like best about your work here?

    a) Least?

26. What single improvement would you like to make here?

27. What additional comments would you like us to include in this report?

Instrument II – Staff

1. Do you think that a sufficient amount of information is available to the facility to which the youth is going?

2. What information do you feel is lacking in the case histories and other reports you receive for youths entering this program?

3. When a youth is scheduled for discharge, how do you participate in the planning process for placement?

4. Describe the general attitude that local education authorities have demonstrated toward youths in this program:

   i cooperative and positive

   ii indifferent

   iii uncooperative and negative

5. Have you had a significant number of residents who have had problems in gaining admittance to the local school system? What steps have been taken to alleviate such problems?

6. How frequently do you have contact with the DCF caseworkers for each youth? Are you satisfied with the present level of involvement with the caseworkers?

7. New employees undergo a period of orientation and training. What aspects of this component were most helpful?

   a) Did your initial period of employment meet your expectations?

8. What regularly scheduled in-service training is available?

   a) Do you take part in training?

   b) What has been the most valuable training offered?

   c) Can you arrange your duties to be available for training?

   d) What training would you like to see offered?

9. What skills and qualities do you think are important for a staff member to have in this program?

10. What have you learned from your experiences with this population you would want a new person to know?

11. What was the most difficult incident you ever had to handle with a youth?

    a) Do you think this particular problem could happen again?

    b) What would have made it easier for you to handle this problem?

    c) Did you have enough freedom to respond to this situation as you saw fit?

12. How do residents learn what the rules are here?

13. What is considered the worst thing a kid can do here?

    a) What is the punishment for that?

14. If you were to see another staff member being overly rough on a kid, either physically or verbally, what would you do?

15. Do you feel that some kids are placed here inappropriately?

    a) If yes, what kinds of problems do they present?

16. What are the most stressful things about this job for you personally?

17. What do you like best about working here?

    a) Least?

18. What are the most stressful and difficult times of the day for you?

    ___ getting kids up and out

    ___ breakfast ___ lunch ___ dinner

    ___ shift change

    ___ recreation after dinner

    ___ bedtime

    ___ middle of the night

    ___ parental visits

    ___ other

19. Staff assume both child caring and housekeeping functions. Do you feel that there is an even distribution of responsibilities among all staff in both areas?

20. Do you feel the current staffing pattern is sufficient to provide coverage and programming?

    a) In what ways does this create problems?

    b) In the event of vacations or sick time, is there sufficient coverage to carry out the daily programs?

22. When a staff member leaves, how are youths informed?

    a) When a youth leaves, how are the other residents told?

23. If the typical youth in the program could do the thing for fun that he/she most enjoys, what would it be?

    a) What are the most successful recreational activities you've organized?

    b) Least successful?

24. Are there comments that you might have regarding this program that you would like to have included in this report?

Instrument III – Youths

1. What's it like to be here?

2. If I was a new kid in this program, what would happen on my first day here?

3. What happens (if you) (if a kid) breaks the rules?

4. Is it (easy) (hard) to talk to the people who work here?

5. Have you had a chance to build up a friendship with a particular staff person?

6. If you have a problem, is there someone you feel you can go to for help?

7. Does this place have enough money to help the kids that are here?

8. Who would you call about a complaint in the way you were being treated?

Appendix I

Excerpts from "Supportive Services Training Model for the Reunification of Families": a Proposal to the Rhode Island Department for Children and Their Families (DCF) by the Council for Community Services (CCS)

Problem Statement

With the traditional model of substitute care, the child is placed in a foster home or group care setting, thus creating a separation or split in the family unit. While this separation is functional, as it provides the family with the opportunity to repair dysfunctions, there is the hazard that separation may make reunification of the family more difficult.

As the alternative family or foster family becomes the primary provider for the child's basic needs, the child becomes enmeshed in the substitute family's dynamics and less involved with his or her family of origin. This may result in attachment and bonding to the new family and further separation from and loss of the child's biological family.

The foster family, like the biological parent, may feel some sense of powerlessness and lack of a sufficient mechanism to provide input into planning for the child....This sense of powerlessness can create conflicts resulting in further difficulty in reaching the desired goal of family reunification.

The traditional practice with regard to reunifying a child with his or her biological family sharply segments the responsibilities for reunification and confines the role of the foster family to providing substitute care for the child.

The Proposed Response

The model that follows capitalizes on the role modeling potential of the foster family by utilizing that family as supportive educators to the biological family whose child has been in their care (and)....also eliminates the abruptness that is often characteristic of reunification. This concept will bring to bear the resources of a healthy well-functioning foster family in teaching the biological family the skills needed to become a more functional unit....both before and after they again become primary caregivers for their child....

Staffing

Two Master's level clinical coordinators employed by CCS will initially screen and select thirty foster families from among licensed DCF foster families to serve as "support families" for the project. The foster parents will be selected for their proven ability in foster parenting, their willingness to become a part of a support team, their acceptance of the supportive educator's role and their geographic accessibility to areas where high numbers of children generally need foster care services. The supportive educators will participate in an initial training program designed and implemented by the coordinators.

Appendix J

Summary of Foster Parent Support/Training Program

Session 1: The Foster Family

Defining workshop objectives

Asking participants to define in writing their personal objectives and their suggestions of topics to be covered.

Group discussion on how each participant views his or her own family and the impact of foster care on it

Family Sculpting exercises

Facilitator's presentation: "A Systems Approach to Understanding Your Family."

Session 2: People as Foster Parents

Exercise from "Values Clarification: My Windows."

Group discussion on self-selected parts of the "window"; the rewards and trials of being a foster parent; foster parenting's effects on relationships with family, friends, and the community; gaining support and encouragement from others; and knowing when you need a break from foster parenting.

Facilitator's presentation: "Stress and the Foster Parent: Ways of Coping and Caring for Yourself."

Relaxation exercise

Session 3: The Foster Parent and the Foster Child

Facilitator's Presentation: "Further Understanding Your Foster Child" Stages of Adjustment, Related Behaviors, and Common Reactions of Foster Parents."

Group discussion on handling difficult behavior, maintaining self-control, disciplining, displaying positive and negative emotions, the attachment of foster parent and foster child, and determining what type of child you work best with.

Exercise: Role Playing

Session 4: The Foster Parent and the Biological Parent

Exercise: Putting Yourself in the Shoes of the Biological Parent

Facilitator's presentation: "Parenting the Child Who Belongs to Another: Issues and Solutions."

Group discussion on the importance of your feelings about your foster child's parents, the role of the child's parent in your home, maintaining objectivity, reunification as a mandated goal, and coping with anger toward the child's parent.

Session 5: The Foster Parent and the Department

Facilitator's Presentation: "Increasing Your Effectiveness With the Department: Avoiding Common Pitfalls"

Exercises: (A) Being in the worker's shoes---written exercise
(B) Assertiveness without aggression---role playing

Group Discussion of advocating for your foster child appropriately, gaining more legislative knowledge, dealing with the frustration of an imperfect system, grievance procedures of the Department, helping your worker to help your foster child.

Session 6: The Foster Child Leaves Your Home

Facilitator's Presentation: "Separation Issues for You, Your Family, and Your Foster Child."

Group Discussion on dealing with the loss, understanding how each loss brings back old losses, saying good-bye in a way you and your family are comfortable with, feelings about planned and unplanned terminations, and feelings when your foster child runs away.

Planning for sessions 7 and 8, which will be developed around topics and and themes of particular interest to this group of foster parents.

Sessions 7 & 8: Topics Selected by the Group

NOTE: Various written materials (articles, written exercises, etc.) were distributed each week and foster parents were encouraged to discuss their reactions to the material as well as events of the week relating to foster care at the beginning of each session.

Appendix K

Excerpts From Interim Evaluation Report, December, 1983

Seventeen of the 25 agencies responded. Responses in the comment section of question 3 B, i.e. the explanation of changes that have occurred/been implemented on the basis of the report or its recommendations included the following:

"We are much more aggressive in soliciting female referrals."

"We are now getting more cooperation from DCF workers to enroll clients in school during their stay here."

"The shelter is in the process of installing door buzzers to alert us to outsiders entering the facility through the fire doors upstairs and in the basement." (i.e. being let in by residents)

"DCF is again offering courses for child care workers."

"We will use the recommendation of a more detailed description of supervisory roles and their responsibilities."

"We are taking more time (60 days) to determine permanent acceptance of referrals. The pre-placement visit has been extended from 2 weeks to 2 months. We felt that our previous system was much too abbreviated and the young person and the program did not really get to know the person."

"Improving record keeping in educational documentation."

"Nine month goal of developing a procedures manual."

"Moved location of site."

"Decreased acceptance of emergency shelter placements."

"Record keeping: (a) child care guide completed and sent to DCF
(b) written summary on behavioral patterns, eating habits, etc., sent with child to next placement
(c) Runaway Form developed and sent to DCF."

"Front yard landscaped, cleaned and organized storage area on third floor" and secured new playground equipment.

"We are working on a more homelike atmosphere."

Responses to question 4 A, areas in which the monitoring teams and/or the program monitor could provide technical assistance, evoked the following responses:

transition to serving older population
identifying resource for clinical consultation (2 respondents)
assistance "along the educational line"
"more technical assistance regarding a modified point system for extension of unsupervised activity privileges"
developing a local board of directors and/or advisory board (2 respondents)
developing a long-range fund-raising plan
record keeping
recreational activities

DCF will select, in consultation with the coordinators, six DCF staff to become caseworkers for this project.

The coordinators, in consultation with DCF staff, will screen and select thirty cases involving children in care whose families have the desired goal of reunification.

The Support Team Approach

In this model all participants in the reeducation process with the family will have input into the service plan development and implementation. The support team will consist of the family, the supportive educator(s), the DCF worker, the DCF supervisor, representatives from any involved community services, and the clinical coordinators.

The responsibilities of each biological family participating in the program will be as follows. (1) Participate in formulating a reunification plan and agree to abide by the plan, (2) Participate in monthly support team meetings and a six month review, (3) Participate in weekly counseling sessions with their DCF caseworker, (4) Agree to accept assistance from the support family and the caseworker in addressing the issues that originally led to the removal of the child(ren). (5) Agree to an increasing frequency of visitation with their child(ren), first in the home setting of the support family, later in short day visits at their own home, and still later in extended visits in their home. The ideal goal is for the parent(s) to resume the primary caregiving role after approximately six months, with ongoing support, teaching, and aftercare contact by the support family.

The responsibilities of each support family are as follows. (1) Directly assist and teach the biological family, in consultation with the caseworker, to address areas of parenting, homemaking, budgeting, and other needed skills. (2) Maintain weekly progress notes on areas in which the biological family has made gains and areas in which the family needs additional assistance. (3) Attend monthly support team meetings. (4) Attend weekly two hour meetings with other support families assigned to their caseworker. These meetings will provide on-going training and peer support. (5) Be available for weekly supervision by their DCF caseworker. (6) Be available to offer support and assistance to the biological family during visitation and at other times. Provide aftercare support and assistance, including respite care, to the biological family for approximately six months after that family resumes the primary caregiving role. (7) Provide transportation, if necessary, to the biological family to enable that family to avail itself of needed community support or treatment. Skills training in developing independent use of transportation (e.g., public transportation, driver's education, automobile purchasing, etc.) will be completed by the support family.

The responsibilities of the DCF caseworker will be to serve as counselor, casemanager, and mediator in the process. This includes facilitating the reunification plan, linking the families to needed support services and coordinating the support team meetings and the training/peer support meetings mentioned above.

The DCF caseworker will also provide the support family with ongoing support/ supervision and maintain quarterly evaluations of thier ability to provide education and assistance to a family in need. These evaluations of strengths and shortcomings will be shared with the supportive educator(s) in that family.

The clinical coordinators design and implement all training, provide ongoing clinical consultation and support to DCF caseworkers in the project, work with the caseworkers' supervisors on an "as needed" basis, screen support and biological families, make appropriate matches, and provide ongoing evaluation of the program.

Benefits of the Project

A major benefit is the short and long term cost effectiveness that such a project allows. With this model there would be fewer repeaters in the foster care system and shortened duration of residential program placement for at least a small number of children.

Another important benefit is the utilization of current resources within the Department as therapeutic agents for a family experiencing dysfunction. This approach trains the foster family to provide quality intensive support and education services to another family. With this one-to-one service the foster family is utilized to their full capacity and takes on many of the tasks the caseworker has traditionally performed. The caseworker then becomes freed to provide necessary family counseling, support, and supervision to the support family. This model also allows the caseworker more time to complete necessary documentation utilized by the judicial system in making decisions regarding the family's ability to adequately care for their children.

The supportive service model is based on the belief that all involved in the helping process need to be supported and to feel valued, to receive positive feedback and supervision of their work, and to be given appropriate training. These factors are important in an effort to create and maintain a quality service that can significantly impact on a family in crisis. These factors need also to be available for the biological family so that they may develop a sense of worth and value necessary to make the changes so that a more positive family life cycle may begin.

Appendix L

Final Recommendations

1. Recommendations to the Department for Children and Their Families on Residential Facilities

A. DCF should more consistently encourage training of staff at all levels within residential programs by providing contractual incentives to the facilities.

The training offered recently by DCF was a good first venture that could be built upon to establish an ongoing training system for staff of residential facilities. Problems inherent in the DCF-sponsored sessions (inconvenient timing, lack of relevance to the situations of certain facilities, etc.) could be counteracted by having facilities' staff themselves be providers of training. In Massachusetts, contracts with residential providers require staff to participate in a specified number of hours of training per year, and this has encouraged facilities to develop consortiums for training, under which each participant facility in a consortium donates a specified number of hours of training in pre-determined areas to other agencies in the consortium. With the present relatively low level of financial support to provider agencies by the Department, fiscal incentives should be built into the contracts to encourage such training options.

B. As more difficult-to-handle youth are placed in facilities not specifically designated as treatment agencies, the Department should recognize the need for clinical consultation services by these facilities.

Some facilities have found it necessary to purchase such services out of their own resources or to find them on a donated basis. The Department thus far has maintained that the children placed in emergency shelters and group homes are not in need of "treatment" and therefore the programs should not be paid for "clinical" consultation. Recent events are making that contention indefensible, however, as some facilities are being asked to rework their programs to handle older youth and as a recent consent decree has eliminated "secure dentention" of status offenders at programs such as RCA. The Department should not only recognize the need for clinical consultation in such facilities but should become an active part of a process to establish it. DCF, for example, could assist providers by identifying or helping to develop free or low cost consultation services (graduate student programs, volunteer "skillsbank" resources through Volunteers in Action, etc.) or by directly providing contractual funds for such consultation.

C. DCF should work with the Rhode Island Council on Residential Programs to encourage the formation and facilitating of support groups for direct service staff of child care facilities.

Just as foster parents can benefit greatly from mutual support groups in which they can share experiences, techniques, and frustrations, direct service staff in child care facilities also have a great need for such group support. Burnout is a major problem among paraprofessional line staff in many of the facilities, and a regularly scheduled program of mutual sharing sessions, led by a skilled facilitator, could do much to alleviate this problem. Direct care staff in a number of facilities strongly stated this need to the program monitor. Departmental assistance and encouragement to RICORP in establishing such a program could have major benefits in terms of reduction of staff stress, alleviation of burnout, and the lowering of the potential for abusive handling of children by child care staff.

D. The Department should continue to work aggressively toward establishing a true continuum of care.

Despite significant recent improvements in the child care system, the monitoring teams found a overall system that still falls short of providing a true continuum of care for each child. Placements are still sometimes made on the basis of available bed space rather than on the basis of which facilities can best meet the needs of specific children. Some children still seem to "mark time" in facilities without a clearly discernable long-term plan. And some children are moved from one shelter facility to another in adherence to the letter of but in violation of the spirit of the 45 day contractual limit on such shelter placement. Problems such as these are not unique to the Rhode Island child care system, nor are they amenable to easy solutions. The purpose of this recommendation is simply to point out that the achievement of the goal of a continuum of care still needs to be aggressively pursued.

2. Foster care recommendations to the Department for Children and Their Families

A. Re-evaluations of any foster home should involve gathering input from all workers involved with that foster home at the time and in the recent past.

Some of the cases referred to the project for assessment were foster homes about which widely divergent evaluations had been carried out by different caseworkers. In most cases, the project's clinical social worker could obtain a much clearer picture of the family, its problems, and the difficulties the Department may have been experiencing with the family; gathering input from all workers involved was the key to successful assessment of such homes. It is recommended that DCF re-evaluations use this approach, with a team meeting and final evaluation coordinated through the homefinding unit.

B. Ongoing training and support to foster parents, sponsored by the Department, should be a high priority.

The training presently offered to prospective foster parents in seven two hour sessions was observed by the project's clinical social worker and found to be very good. She found the training to be "quite comprehensive, well-planned and carried out, and

successful in providing foster parents with a solid basis of information necessary when assuming the role of foster parent." What is missing is ongoing training to assist foster parents in coping once they are actually involved in the provision of foster care services. Foster parents are eager for such training and mutual support sessions, as evidenced by a very positive response to the pilot program of such sessions carried out by the project's clinical social worker. Some potential topic areas for further training include:

Family dynamics and the effects of foster care on the family
Stress and the foster parent(s)
Understanding the foster child
The foster family and the biological parent
Reunification and the foster parent
The foster parent and the Department
Separation issues for the foster family and foster child
Dealing with problem behaviors
Foster parenting the disabled child
Dealing with the child removed from an abusive biological family

C. The Department for Children and Their Families should develop more structured ways for foster parents to actively assist in the reunification process in which the foster child returns to the natural family.

The present agreement signed by each foster parent commits that foster parent to "help, in cooperation with the Agency (i.e. Department), with termination of placement, including return (of the child) to his/her own parents, relative home, replacement, etc." This project recommends that more structured means, possibly coupled with specialized training and additional cash support, should be provided for at least certain foster parents to carry out this role more effectively, especially with regard to reunification. This project views foster parents as excellent potential resources for the biological parents of the children they serve. The Department has on file a proposal submitted in 1983 by the staff of this project, describing ways in which foster parents could be used as effective role models, in-home trainers in child care, and para-professional "counselors" to biological families. It is recommended that elements of that proposal be adopted not only to better utilize the talents of foster parents but to ease the transition the foster child must go through in the process of returning home.

D. The Department should more fully involve each foster parent as part of the "case team" in planning for the foster child(ren) placed in his/her home.

The present agreement entered into by the Department with each foster parent states that the Department "agrees to develop a casework plan for the child, share pertinent aspects with the foster parents, and involve foster parents in future planning for the child." Both in the foster home assessments carried out by this project and in the foster parent support/training group implemented on a pilot basis by the project's clinical social worker, a recurring theme was the

need for foster parents to be more involved in the planning for the foster children in their care. If the Department were to more fully involve foster parents in such planning, it is anticipated that there would be less difficulty and disagreement between foster parents and the Department. A frequently expressed feeling on the part of foster parents was the need to be an advocate for their foster children against or in opposition to the Department. Yet foster parents are eager for better relationships with the Department. On the evaluation forms submitted by foster parents involved in the pilot program of foster care training/support groups, the single most frequently requested topic for more training was on the relationship between the foster parent and the Department.

E. The Department should utilize selected foster parents as trainers for other foster parents and as leaders of foster parent support groups.

One very cost-effective way to provide ongoing support and training to foster parents is to use foster parents themselves as leaders in the effort. This would entail providing some staff support and consultation by the Department but could be an excellent vehicle for experienced foster parents to share their expertise with other foster parents less experienced in certain areas. The mutual support that could be generated in such sessions would be as valuable as the actual learning that would take place.

F. Within practical limits, the Department should provide some opportunity for caseworkers to express their preferences with regard to which foster families they feel they can most effectively work with.

Admittedly not all such preferences could be incorporated into case assignment. But just as some counselors work best with particular types of counselees, some caseworkers will work best with particular types of foster families. The opportunity for caseworkers to express such preferences and, when feasible, to have some of those preferences acted upon would do much to improve the relationship between foster parents and the Department.

3. Recommendations to the Rhode Island Council on Residential Programs (RICORP)

A. RICORP should set up an ongoing system of supportive group sessions for direct care staff, in which techniques, case studies, positive experiences, and frustrations can be shared.

Direct care staff in a number of facilities expressed this need. Such a system would be much easier to set up than formal "training" sessions, but the support of facility administrators is essential to address issues of released time, host sites for sessions, etc. Such a system could also do much to emphasize RICORP's concern for direct care staff and provide a way for RICORP to expand its focus beyond being primarily an organization of residential program directors. It has also been recommended to the Department for Children and Their Families that it assist RICORP in developing such a program, i.e. by helping identify facilitators and by providing other assistance to the process as needed.

B. RICORP should serve as a clearinghouse for training opportunities in the child care field, encouraging its member agencies to open in-service training to staff members of other facilities or to participate in joint training ventures with several facilities.

A first step in such a process is developing adequate and timely information sharing on what training is available within the state, including ongoing regularly scheduled training as well as one-time training events.

C. RICORP should explore ways in which to better meet the relief staff needs that exist in some of its member facilities.

Lack of sufficient relief staff coverage was a major problem found in many of the facilities monitored. This contributes to staff stress, "burnout", and turnover, and at times led to understaffing of facilities (e.g. during unanticipated staff illness or position vacancies). This project has documented the need and provided to RICORP some information on possible alternatives, including information on several Massachusetts private firms marketing relief staff services to facilities. The project now recommends that RICORP actively pursue a resolution to the problem in whatever way it feels is most suited to its member facilities. This issue may need to be included in budgetary discussions initiated by RICORP with DCF.